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OFFICIAL RENEWAL NOTICE
RENEWAL DATES: SEPT. 15 - OCT. 31
If you are a nurse seeking a strong team environment focused on quality patient care, look no further than Jennie Stuart Health. With our main hospital in Hopkinsville, multiple family clinics and more than 100 staff physicians offering more than 30 specialty care services, Jennie Stuart Health is the region’s most comprehensive health care provider.

In addition to an outstanding workplace, our nurses enjoy competitive salaries, outstanding benefits, and life in a beautiful community surrounded by lush countryside and popular lakes. If you love national and collegiate sporting events, world-class music and fine dining, Hopkinsville is only a short drive to Nashville, Tennessee.

For more than 100 years, Jennie Stuart Health has been guided by our mission to provide excellence in service, and to promote, preserve and accommodate the growing health care needs of our community. We invite you to join us in making a difference.

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- ICU
- Medical-surgical

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GAIL WISE, RN
Mays Lick
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LPN
Vacant
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NEW BEGINNINGS

As I sit at my desk preparing to draft my first official message, I am humbled by the opportunity that I’ve been given. My first official day with the board was June 3rd, and like any nursing position, it’s a trial by fire. Every day I have been challenged with learning new process or procedure. The staff and board members at KBN work tirelessly to maintain accuracy in our databases, minimize wait times for licensure processes, and ensure due process in the investigative processes.

As we work through our Leadership transition, we will be providing our licensees with periodic updates via a variety of platforms. On the horizon, we hope to be able to add a social media presence to our communication tools. We are working through a website upgrade as well. All of these details will help our licensees obtain real time access to current and relevant information.

We have had a few transitions at the Board with Michael West leaving as our General Counsel, and Nathan Goldman returning to fill the General Counsel position in the interim. We are also excited to add Valerie Jones as our newest Education Consultant on July 1. In upcoming issues, we will have other new staff members to introduce.

I would ask, that if you see our dedicated staff out at meetings and events, give them a Thank You. As with any job, those short words, make all the difference.

Jessica L. Estes, DNP, APRN-NP
Executive Director
Kentucky Board of Nursing
MOVING FROM...

**Noncompact ➔ Compact:**

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.

**Compact ➔ Noncompact:**

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) of the former NLC state of the new address.

**Compact ➔ Compact:**

When moving (changing primary state of legal residence) to a new NLC state, it is the nurse’s responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse’s new state of legal residency. The nurse may practice on the former home state license only UNTIL the multistate license in the new NLC home state is issued. Proof of residency such as a driver’s license may be required. Upon issuance of a new multistate license, the former license is inactivated.

**Another Country (International Nurses)**

If a nurse on a visa from another country applies for licensure in a compact state, the nurse is responsible for either declaring the country of origin or the compact state as their primary state of residency. If the foreign country is declared the primary state of residency, the nurse may be eligible for a single state license issued by the compact state.

**Definition:**

**Primary State of Residence (PSOR):**

The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse’s primary residence may include driver’s license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.
Licensure Corner
Your Official License Renewal Notification

RENEWAL FEES:
RN: $65
LPN: $65
APRN: $55 for each role designation (NP, CNM, CRNA, CNS) [plus $65 for the RN license] = $120
SANE: $35

Clicking on the “submit” button at the end of the renewal process is an attestation that you have or will have met the continuing competency requirements by midnight, October 31.

Print the confirmation page for your record of payment for your license renewal.

Your license is NOT renewed when you click on the “submit” button. You have only applied for renewal of your license.

NOTIFICATION OF RENEWAL:

When your license has been renewed, you will receive an email notification to the email address you provided to KBN. Clicking on the submit button at the end of the renewal application does not renew your license. Validate that your license was renewed and check the expiration date from this site: https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx

LAST DAY OF RENEWAL

A license that is not renewed before 4:30 p.m. on October 31 will lapse at midnight on that date. Working on a lapsed license is a violation of Kentucky Nursing Law and subjects the individual to disciplinary action.

If an application is received before midnight on October 31st and an individual answers “No” to the disciplinary and conviction questions, a license MAY be renewed by noon on the next business day.

REQUIRED RENEWAL DOCUMENTATION

If you answered “yes” to the discipline, criminal, and/or the APRN national certification revocation questions, your license will not be renewed until KBN receives and reviews the required documents. If your license has not been renewed before midnight, Eastern Time, October 31, your license will lapse. You shall not practice as a nurse in Kentucky if your license has lapsed. Thus, you should start the renewal process early in the renewal period if you have issues that need to be addressed.

Required documentation includes:

• Certified court records and letters of explanation, if you answer “yes” to the criminal activity question
• Board certified orders and letters of explanation, if you answer “yes” to the disciplinary question
• Documentation from your APRN national certification organization, if you answer “yes,” that your national certification was revoked or issued on a provisional or conditional status
• Other documentation requested by KBN staff.

NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

If your primary state of residence (PSOR) is another compact state and you do not practice ONLY in a military/federal facility, you will not be able to renew your Kentucky RN or LPN license. You will have to renew your license in the state where you legally reside.

Your primary state of residence is “the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.”

APRN RENEWAL

If you do not intend to practice as an APRN and want to relinquish your APRN license (allow it to expire) but you do want to renew your RN license, access the RN/APRN renewal application. There will be a drop down selection for you to renew only your RN license.

If your national certification has expired, you shall not be able to renew your APRN license(s). You shall not practice as an APRN in Kentucky with an expired national certification.

To renew your APRN license in only one role designation (NP, CRNA, CNM, CNS) and your Kentucky RN license, you MUST use the RN/APRN link on the renewal web page (https://kbn.ky.gov/Pages/renewal.aspx). From this link, you will renew your RN and APRN licenses simultaneously, for the combined fee of $120 (RN-$65 and APRN-$55).

To renew your APRN license in more than one role designation and your Kentucky RN license, use the link listed above and select each designation that you want to renew. The fee for renewing each APRN designation is $55 per designation, plus the $65 RN renewal fee. You must maintain current national certification in each designation.

If your primary residence is in a compact state and you hold a current RN multistate license in that state, you must use the “APRN Renewal Only (with RN license in another compact state)” link. You must provide the name of the state and the expiration date of your multistate RN license before you will be able to renew your Kentucky APRN license. You must keep your multistate RN license active in the state of your primary residence while you are practicing as an APRN in Kentucky. If your compact RN license and/or your national certification lapse, you will not be able to practice as an APRN in Kentucky.

If an APRN holds both KY RN & APRN licenses or an APRN license only and is not prescribing controlled substances, the APRN needs to:

• Maintain current national certification,
• Earn 5 hours in pharmacology, or
• If an APRN holds both KY RN & APRN licenses and is prescribing controlled substances, the APRN needs to:
• Maintain current national certification
• Earn 3.5 hours in pharmacology
• Earn 1.5 hours on the use of KASPER, pain management, or addiction disorders

DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the APRN continuing competency requirement, contact the Continuing Competency Coordinator. Current national certification from a Board recognized national certification organization in addition to current APRN and RN licensure is required to practice as an APRN

continued on page 8 >>
in Kentucky. If your national certification lapses for any period of time while your APRN license is current, you shall not practice as an APRN during the period of lapsed certification. KBN does not give a grace period for lapsed national certification.

APRN POPULATION FOCI OF ONCOLOGY AND CRITICAL CARE

APRNs holding a current license with a population focus in oncology or critical care who fail to renew their APRN license in those foci will be unable to reinstate.

SANE RENEWAL

Before you will be able to renew your SANE credential, you must renew your RN license. When you have completed that process, proceed to the SANE link to renew your SANE credential. If you are a SANE and an APRN, renew your RN-APRN first (see previous information) and then renew your SANE credential from the SANE link.

If your primary residence is in a compact state, you must provide the state name and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your multistate RN license lapses, you shall not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

Sexual Assault Nurse Examiners must complete 5 continuing education contact hours related to the role of the sexual assault nurse examiner as part of the continuing competency requirement for renewal. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, contact the Continuing Competency Coordinator.

FAILURE TO RENEW, YOU MUST REINSTATE

If you fail to renew by midnight, Eastern Time, October 31, or you fail to submit all requirements for renewal, you will be required to reinstate your license. Before a license will be reinstated, KBN must receive:

- A reinstatement application and fee
- Kentucky criminal history report (in all surnames you have ever used) from the Administrative Office of the Courts

- Federal background report from the FBI obtained via fingerprinting

ACTIVE DUTY MILITARY NURSES

KRS 36.450 and KRS 12.355 require KBN, upon request of an active duty military licensee and with the appropriate military documentation, to renew the license without the required renewal fee and continuing competency requirement.

The waiving of the renewal fee and continuing competency requirement does not restrict the license from the KBN standpoint. It is still considered full licensure in Kentucky, however, you should be aware of any policies your branch of service has toward waived fees.

Active duty military includes those nurses who are based state-side or deployed overseas. Not included in these groups are individuals working for the Federal government, such as civilian VA nurses, U.S. public health nurses employed by the federal government, or National Guard nurses who are not on full, active duty. KBN must receive one of the following before the license of active duty military nurses will be renewed:

- PCS Orders
- AF Form 899
- Mobilization Orders

You must complete the online renewal application in addition to providing copies of one of the above documents. Copies of Military Documents may be faxed to 502-429-3336 or emailed to Ruby.King@ky.gov or KBN-Cred@ky.gov

If you are a military nurse and are stationed state-side, you must renew your license during the renewal period and provide the documentation listed above. If you fail to provide the documentation and/or fail to submit the renewal application prior to October 31, you will have to meet all the requirements for reinstatement of a license(s). If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

- Submit a copy to KBN of the official overseas deployment orders showing a return date. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders.

You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.

- Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States.

- You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

INVALIDATING AN APRN LICENSE

If KBN records reflect that an APRN’s national certification has expired and the APRN fails to provide evidence of current certification/recertification, KBN will invalidate the APRN license. When an APRN license is invalidated, the APRN shall not practice in the advanced practice role. This does not affect the RN license, nor is it considered disciplinary action. An APRN whose license is invalidated for failure to provide evidence of current certification may reinstate the APRN license by meeting all of the requirements for reinstatement.

NATIONAL CERTIFICATION IN DUAL POPULATION FOCI

KBN is able to record the national certification information for those APRNs holding certification in two population foci. To practice in either or both areas, the national certification of each must be current. If the certification of both population foci expires, the APRN license will be invalidated and the APRN must reinstate one or both foci. If the national certification of one population focus expires, the APRN may only practice in the focus area of the unexpired certification.

PRESCRIPTIVE AUTHORITY FOR CONTROLLED SUBSTANCES

KBN requires all APRNs holding a current CAPA-CS agreement to submit a copy of any and all DEA registrations held. If an APRN is prescribing controlled substances, the APRN must have:

- Notification of a CAPA-CS on file with KBN
- Current KY DEA registration on file with the KBN
• A master KASPER account
  To determine if KBN has a copy of the Notification of a CAPA-CS or KY DEA license on file, you may go to the KBN web site, online validation and validate your license. If the Notification of a CAPA-CS has been received at KBN, the validation will note, “CAPA-CS on file.” If this message does not appear and you have a current CAPA-CS agreement, you must provide a copy of the Notification of a CAPA-CS form to KBN. If the DEA registration has been received at KBN, the validation will note, “DEA registration on file.”

  A CAPA-CS may be rescinded by either the APRN or the physician. When a CAPA-CS is rescinded, KBN must be notified, using the “CAPA-CS Rescission” form located on the KBN web site.

  For more information on the CAPA-CS requirements, go to: http://kbn.ky.gov/apply/pages/APRN/aprn.aspx

  An APRN holding a DEA Certification for medication assisted treatment (MAT) is regulated to submit evidence of the DEA Certification to the Board.

  Renewal of an APRN license for an APRN who prescribes controlled substances, requires 1.5 earned contact hours of the 5 contact hours of required pharmacology to be in pain management, addiction disorders or use of KASPER.

ATTESTATION OF KBN DOCUMENTS
  Attestation statements appear at the end of all KBN applications for licensure and other KBN forms. The attestation statement is a confirmation that the information provided is truthful and accurate. Be sure to read the attestation carefully. The individual whose name is on the application or form is accountable for all information the document contains and for understanding the additional information contained within the attestation statement itself. Accountability extends not only for the purpose for filing the form, but may also be compared to information provided on other forms filed with KBN. Allowing another party to complete and submit a KBN form does not relieve the nurse or applicant of the accountability for incorrect or inadequate information provided and may be the basis for disciplinary action for falsification of a Board of Nursing form. Each individual nurse or applicant should complete all forms and applications submitted to KBN.

CURRENT MAILING ADDRESS
  Kentucky Nursing Laws require nurses to notify the board of a change of address within thirty days of the change. Address changes made from the KBN web site update the Board’s data base in real time. A change of address may also be mailed or emailed (KBN-Cred@ky.gov) to the Board office.

  KBN encourages all licensees to keep a current email address on file.

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DROP-IN ANYTIME 4 TO 8 P.M.

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OPTIONAL HOSPITAL TOURS AT 5 AND 7 P.M.

Register by Friday, August 30, 2019 at OwensboroHealth.org/RNOpenHouse
*Registration not required but is strongly encouraged.
Displaced Pain Patient on Chronic Opioid Therapy

FIVE-STEP Initial Approach to Caring for the Displaced Pain Patient on Chronic Opioid Therapy

by James Patrick Murphy MD

The following is derived from an article that appeared in Louisville Medicine (September 2018). This is not an exact reprint. Some Internet links, references, graphics and phrasing have been updated for accuracy and relevancy.

James Patrick Murphy MD, April 9, 2019

Providing therapeutic continuity for patients who have abruptly lost access to their prescriber (e.g. pain clinic closure) can be a challenge, especially if the patient has been treated with opioids and other controlled substances.

A patient in pain, facing the possibility of worsening pain combined with medication withdrawal, can feel very stressed. In this potentially difficult scenario, the caregiver must convey an air of calmness and empathy. Providers may seize this clinical inflection point as an opportunity to redirect the course of treatment, or provide a therapeutic bridge to specialty care by way of referral or consultation.

While not meant as a substitute for more comprehensive guidelines, the following is a concise five-step initial approach to caring for the displaced pain patient on chronic opioid therapy.


**FIVE STEPS:**

**STEP ONE — History and Physical Exam**

- Establish a diagnosis
- Assess for withdrawal symptoms (Ref 1: Clinical Opiate Withdrawal Scale)
- Note behaviors indicative of drug abuse or diversion (Ref 2: Knowing When to Say When: Transitioning Patients From Opioid Therapy, pg 19)

**STEP TWO — Objective Data**

- Check state Prescription Drug Monitoring Program (e.g. KASPER) https://operationunite.org/investigations/kasper/
- Count the patient’s current supply of pills
- Review (and/or request) medical records and reports (e.g. MRI)
- Do a urine drug screen https://kbml.ky.gov/hb1/Pages/Considerations-For-Urine-Drug-Screening.aspx

**STEP THREE — Documents (may be combined into one)**

- Informed Consent (Ref 6: NIDA Sample Informed Consent)
- Treatment Agreement (Ref 7: NIDA Sample Patient Agreement Forms)

**STEP FOUR — Pain Treatment**


**STEP FIVE — Decision: Maintain, Alter, Taper or Discontinue. A decision regarding maintaining, altering, tapering, or discontinuing controlled substances must be made. Some stable patients might be well served by maintaining their current regimen, however you are under no obligation to prescribe or continue with a treatment plan you don’t agree with.**

- If the patient does not need a prescription and still has some medication, advise on how to gradually taper (i.e. decrease 10 to 50 percent per week). To prescribe a taper with controlled substances: Calculate the current Morphine Equivalent Daily Dose (Ref 10: Calculating Total Daily Dose of Opioids For Safer Dosage, CDC): 1. Initially prescribe zero to three days of a reduced MEDD (e.g. decrease 10 to 50 percent) 2. Use immediate release medications 3. Arrange follow up early and often 4. Additional days of medications may be prescribed at follow up if risk/benefit assessment is deemed acceptable by the prescriber 5. The CDC advises against a rapid taper (e.g. three weeks or less) for people taking ≥90 MEDD 6. Regardless of taper speed, withdrawal may still happen

- Assess for withdrawal symptoms (Ref 1: Clinical Opiate Withdrawal Scale)
- Advise on over-the-counter medications for withdrawal symptoms (Ref : ASAM National Practice Guideline, Part 3, pg 29)
- Consider prescribing prescription medications for withdrawal (Ref 11: ASAM)

From ASAM: The Guideline Committee recommends, based on consensus opinion, the inclusion of clonidine as a recommended practice to support opioid withdrawal. Clonidine is not US FDA-approved for the treatment of opioid withdrawal, but it has been extensively used off-label for this purpose. Clonidine may be used orally or transdermally at doses of 0.1–0.3 mg every 6–8 hours, with a maximum dose of 1.2 mg daily to assist in the management of opioid withdrawal symptoms. Its hypotensive effects often limit the amount that can be used. Clonidine can be combined with other non-narcotic medications targeting specific opioid withdrawal symptoms such as benzodiazepines for anxiety, loperamide for diarrhea, acetaminophen or NSAIDs for pain, and ondansetron or other agents for nausea.

- If tapering benzodiazepines, do so gradually...
• Risk mitigation topics e.g. CDC Guideline Factsheet https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf
• Discuss with patients undergoing tapering that, because their tolerance to medications may return to normal, they are at increased risk for overdose on abrupt return to previously prescribed higher doses.
• Consider offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MEDD/day), or concurrent benzodiazepine use, are present (Ref 12: Opioid Reversal With Naloxone, NIDA)

### Calculating morphine milligram equivalents (MME)

<table>
<thead>
<tr>
<th>OPIOID</th>
<th>CONVERSION FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>0.15</td>
</tr>
<tr>
<td>Fentanyl transdermal (in mcg/hr)</td>
<td>2.4</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>1</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
</tr>
<tr>
<td>1-20 mg/day</td>
<td>4</td>
</tr>
<tr>
<td>21-40 mg/day</td>
<td>8</td>
</tr>
<tr>
<td>41-60 mg/day</td>
<td>10</td>
</tr>
<tr>
<td>≥ 61-80 mg/day</td>
<td>12</td>
</tr>
<tr>
<td>Morphine</td>
<td>1</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1.5</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>3</td>
</tr>
</tbody>
</table>

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

### REFERENCES:

2. Knowing When to Say When: Transitioning Patients from Opioid Therapy University of Massachusetts Medical School (Massachusetts Consortium) Jeff Baxter, M.D. April 2, 2014 https://www.drugabuse.gov/sites/default/files/knowing_when_to_say_when_3-31-14_In_sd_508.pdf
5. Patient Health Questionnaire (PHQ 4) https://www.oregonpaininguidance.org/app/content/uploads/2016/05/PHQ-4.pdf

### ADDITIONAL RECOMMENDED REFERENCES:

2. Universal Precautions Revisited: Managing the Inherited Pain Patient by Douglas L. Gourlay, MD, MSc, FRCPC, FASAM,* and Howard A. Heit, MD, FACP, FASAM. Published in Pain Medicine Volume 10 • Number S2 • 2009 https://academic.oup.com/painmedicine/article/10/suppl_2/S115/1836861
3. SAMHSA Behavioral Health Treatment Services Locator https://findtreatment.samhsa.gov/
5. Knowing When to Say When: Transitioning Patients from Opioid Therapy University of Massachusetts Medical School (Massachusetts Consortium) Jeff Baxter, M.D. April 2, 2014 https://www.drugabuse.gov/sites/default/files/knowing_when_to_say_when_3-31-14_In_sd_508.pdf
7. Patient Education Resources:
   • Kentucky Board of Medical Licensure, Education for Patients https://kbml.ky.gov/hb1/Pages/Considerations-For-Patient-Education.aspx
   • VA: Patient Education https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp
8. Murphy, James Patrick. 5-Step Initial Approach to Caring for the Displaced Pain Patient on Chronic Opioid Therapy. Louisville Medicine, September 2018 https://s3.amazonaws.com/seak_members/production/12419/original/5-Step_Approach_PDF.pdf

Calculating MME, from the CDC: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

continued on page 12 >>
Disclaimer:
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James Patrick Murphy, MD, MMM, FASAM is a board-certified Pain Medicine and Addiction Medicine specialist who represents the American Society of Addiction Medicine on the American Medical Association’s newly formed Pain Task Force.

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AVOIDING DISCIPLINARY ACTION
On Your License

As you are aware, Kentucky nursing licensure renewal is required on an annual basis. If you currently hold an active nursing license, it will expire October 31, 2019; however, initial licenses issued on the basis of examination or endorsement on or after May 1, 2019 will expire October 31, 2020, at which point licensure renewal is required annually. Paying close attention to the application questions and answering each question properly could save you a headache and/or discipline after submitting your renewal application.

The Kentucky Nursing Laws and the attendant regulations require you to report:

• All misdemeanor convictions, excluding traffic misdemeanors except Driving Under the Influence, in this or any other state/jurisdiction, regardless of the age of the conviction.

• All felony convictions, in this or any other state/jurisdiction, regardless of the age of the conviction.

• For all convictions reported on the renewal application, you must submit a detailed letter of explanation describing the circumstances and events surrounding the conviction and certified or attested court records showing the final disposition (outcome/verdict).

You do not need to report convictions that are:

• Minor traffic violations (i.e. speeding violations)

• No Insurance

• No Vehicle Registration

• Operating on a Suspended/Revoked Operators License (Non-DUI)

• Failure to Maintain Proper Number of Flotation Devices on Watercraft

• Reckless Driving

Per KRS 314.011(21): Convictions include conditional discharge, a guilty plea pursuant to a pretrial diversion, pleading no contest/nolo contendre, or entry of an Alford plea.

Furthermore, Kentucky Nursing Laws and the attendant regulations also require you to report:

• All disciplinary action, including denial, limitation, suspension, probation, or revocation, taken against your nursing or other professional license/certification or your privilege to practice by any licensing or regulatory authority.

• For all disciplinary action reported on the renewal application, you must submit a detailed letter of explanation describing the circumstances and events surrounding the discipline and a certified or attested copy of the final disciplinary action.

• Admittance to any state Board/designee monitoring program, including alternative to discipline, diversion, or peer assistance program.

• For admittance to a monitoring program reported on the renewal application, you must submit a letter of explanation describing the circumstances and events surrounding your admittance to monitoring and a copy of the monitoring agreement.

Failure to answer these questions correctly and/or to provide the required documents by close of business on October 31st may result in a delay in processing your application or non-processing of your application, and may subject you to disciplinary action by the Board. If you fail to submit the required documentation by close of business on October 31st, and your application is not processed, you will be required to reinstate your license before being eligible to practice nursing.

It is imperative to answer these questions truthfully on any application for licensure issued by KBN. Unfortunately, there are nurses who fail to answer these questions honestly. If the Board receives information that you failed to report a misdemeanor or felony conviction or disciplinary action taken against your nursing or other professional license/certification or your privilege to practice, you could potentially be charged with falsification of the application, which may subject you to disciplinary action by the Board. Specifically, you would be charged with KRS 314.091(1)(a): guilty of fraud or deceit in procuring or attempting to procure a license, credential or privilege to practice nursing; as well as KRS 314.091(1)(b): negligent or willful falsification of an essential document.

In summary, your license is a privilege that you are granted by the Kentucky Board of Nursing - protect it!

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877-1919
FAQ: Continuing Competency Requirements

AUDIT
Q: I have friends that have been in nursing for many years but have never been selected for the CE audit. Why did I receive an audit letter, and they did not?
A: Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

Q: What will happen if I am audited and I do not have the required contact hours?
A: You will be asked to earn the required hours and submit copies of the CE certificates to KBN, along with a letter explaining why these hours were earned late. Once this documentation is received and accepted by KBN, you may be allowed to enter into a Consent Decree agreement with KBN. A Consent Decree is not considered disciplinary action, but there is a fine assessed with it. If you refuse to earn the late hours and/or pay the fine, your audit records will be forwarded to the Investigation Branch for initiation of a complaint.

EARNING OF CE
Q: What are the dates of the CE earning period for renewal of my nursing license?
A: November 1 through October 31. You may view the CE Brochure (/ce/Documents/CE%20Brochure.pdf) for additional earning information.

Q: What is the difference between a CEU and a contact hour? Which is correct?
A: Kentucky and most nursing continuing education providers require offerings to be determined in contact hours. Contact hours refer to the stated amount of time an individual was present during a course. One contact hour is equal to 50 minutes of clock time. Continuing Education Unit (CEU) is the term used as the unit of measurement by colleges and universities to designate 10 one-quarter credit hours. The terms contact hour and CEU cannot be used interchangeably.

Q: How many continuing education contact hours do I need to earn?
A: LPNs and RNs must earn 14 contact hours (or the equivalent) of approved continuing education each year to renew their license. APRNs and SANE nurses have additional CE requirements. Refer to the CE Brochure (/ce/Documents/CE%20Brochure.pdf) for information.

Q: Am I exempt from earning CE contact hours for my first renewal?
A: No. There is no exemption for a first time renewal.

Q: Do college courses count as CE hours?
A: Yes, but the course must be:
   • A nursing course, designated by a nursing course number, or an academic course that is applicable to the nurse’s role; beyond the prelicensure curriculum of the license
   • Successfully completed (a grade of “C” or better or a “pass” on an pass-fail grading system) during the earning period. One semester credit hour equals 15 contact hours. One quarter credit hour equals 12 contact hours.

Q: Can an LPN or RN substitute CME credits for nursing contact hours?
A: Not automatically. CME credits are Continuing Medical Education activities geared towards physicians. A nurse can have the hours reviewed for possible conversion into nursing continuing education hours by submitting an Individual Request for Review of CE Activities (/education/Documents/INDIVIDUAL%20REVIEW%20APPLICATION.pdf). There is a non-refundable fee of $10.00 and the application, with all supporting documentation, must be received no later than November 30.

Q: I have attended a CE course that is not offered by an approved or accepted CE provider. How can I get credit for these hours?
A: You can have the hours reviewed for possible conversion into nursing continuing education contact hours by submitting an Individual Request for Review of CE Activities (/education/Documents/INDIVIDUAL%20REVIEW%20APPLICATION.pdf). There is a non-refundable fee of $10.00 and the application, with all supporting documentation, must be received no later than November 30.

Q: Is online/home study CE accepted by KBN?
A: Yes, if offered by an approved CE provider. All, or any combination of, contact hours can be online or home study.

Q: Can CPR be counted as CE?
A: No. Basic cardiopulmonary resuscitation (BLS/CPR) and activities that are part of an employing agency’s staff development program designed to provide information related to the work setting, such as on-the-job training, orientation, or equipment demonstrations, do not meet the requirements for continuing competency and CANNOT be accepted.

Q: Will ACLS and PALS courses count toward my CE requirement?
A: If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN. If audited, you must provide the certificate of completion awarding contact hours; the certification card alone is not sufficient.

Q: Can I use an employment evaluation for part of my CE hours?
A: Yes. A satisfactory employment evaluation and seven (7) contact hours can be one method for validating continuing competency. The evaluation must be satisfactory for continued employment and be signed by your supervisor. The evaluation must include the employer’s name, address, and phone number and cover at least six (6) months of the earning period (November 1 - October 31).

Q: Can I use my national nursing certification for the required 14 contact hours of CE?
A: Yes. If it was in effect during the whole earning period, initially earned during the earning period, or renewed during the earning period.

Q: I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?
A: No. CE hours cannot be carried over to the next earning period. All 14 hours must be earned within the current earning period.
Q: If I am no longer employed as a nurse and do not plan to work as a nurse, but want to renew my nursing license, do I need to complete nursing CE?
A: Yes. Continuing education is required to renew a license, regardless of employment status.

PROVIDERS
Q: Where can I earn approved CE?
A: KBN accepts CE offerings from three types of providers:
• Those approved by KBN. They are assigned a KBN approval number formatted as X-XXXX and an approval expiration date.
• Those approved by recognized national nursing organizations (/ce/Pages/Competency/natlorgs.aspx). They should make their approval/accreditation information available to nurses prior to registering, and this information must be included on the certificate to be accepted. KBN will accept these courses for the same number of contact hours awarded.
• Those approved by any state board of nursing.

Q: Where can I find a list of approved CE providers?
A: You can view and/or print the KBN-approved CE Provider List (/FTP/CEpdf). A list of National Nursing Organizations recognized by KBN for CE is provided here (/ce/Pages/Competency/natlorgs.aspx). If a provider that is approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.

Q: I would like to offer CE courses to other nurses and award contact hours for these classes. What must I do to get KBN approval for these courses?
A: KBN does not offer approval of individual courses; instead KBN approves the providers of the courses. If you would like to become a KBN-approved CE provider, you will need to submit a completed Application for Initial Provider Approval (/education/Documents/INITIAL%20PROVIDER%20APPLICATION%20%20(01-2017).pdf) to KBN for review.

RECORDS OF CE EARNED
Q: Do I need to send in my CE hours?
A: You are not required to submit CE certificates to KBN unless requested to do so through the CE audit. Nurses must retain records of their CE/competency for at least 5 years following a licensure period.

Q: Does KBN have a record of the CE I have earned?
A: No. KBN does not keep track of each nurse’s CE hours – that responsibility falls on the individual nurse. The CE provider will provide the nurse with a certificate of completion, but the provider does not send a copy of the certificate to KBN.

DOMESTIC VIOLENCE
Q: Is there a requirement to earn CE in Domestic Violence?
A: There is a one-time requirement for all nurses to earn 1.5 CE contact hours in Pediatric Abusive Head Trauma (Shaken Baby Syndrome) within 3 years of their initial licensure date. This course was included in the curriculum for graduates of Kentucky Programs of Nursing as of December 2011, meaning that Kentucky graduates after this date are not required to take additional CE on the subject.

Q: Where can I find an approved refresher course?
A: KBN no longer approves nor requires refresher courses; therefore, the Board no longer receives current information from providers offering refresher courses. An informational listing (/ce/Documents/Refresher%20Course%20Informational%20Listing.pdf) of refresher courses of which KBN is aware at this time is provided here. You may earn continuing education contact hours from any refresher course, as long as it is from an accepted provider.

HIV/AIDS
Q: Is there a requirement to earn CE in HIV/AIDS?
A: No. This requirement was removed effective June 24, 2015.

APRN CONTINUING EDUCATION REQUIREMENTS
Q: Can an APRN use CME credits for pharmacology contact hours?
A: An APRN’s board certification satisfies the fourteen (14) contact hour requirement needed for RN licensure renewal (national certification), as long as the APRN certification was initially attained during the licensure period, has been in effect during the entire licensure period, or has been renewed during the licensure period. If these requirements are met, APRNs do not need to earn 14 contact hours of CE to renew their RN licenses.

Pharmacology CE: Five (5) contact hours of approved pharmacology CE must be earned by all APRNs each licensure period. CE Certificates should reflect specific pharmacology contact hours awarded. To qualify as pharmacology, content shall include drug-specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new regulations, or similar topics. Objectives for the contact hours related to pharmacology shall be identified. Casual mention of medications or medical treatments shall not qualify.

APRNs with a CAPA-CS: Of the five (5) approved pharmacology contact hours required for APRN licensure renewal, one and one-half (1.5) of these approved contact hours must be on the use of KASPER, pain management, or addiction disorders each licensure period. These hours may count as part of the required five (5) pharmacology contact hours.

In addition to the standard methods of CE approval, APRNs are allowed to use continuing medical education (CME) credits for pharmacology (provided the credits are pharmacology-related), if the provider offering the course is recognized by their national certifying organization (e.g. AANP, ANCC, etc...)

SANE
Q: What are the specific CE requirements for a SANE credential renewal?
A: Five contact hours of approved sexual assault CE, which can include forensic medicine or domestic violence. These hours may count as part of the required 14 contact hours for RN renewal.

REFRESHER COURSES
Q: Where can I find an approved refresher course?
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