

KBN **CONNECTION**

Summer 2020
Edition 64



Licensure Corner **Your Official License** **Renewal Notification**

Page 8

Licensed Certified Professional **Midwife — A New License Type**

Page 12

FAQ: Continuing **Competency Requirements**

Page 26

OFFICIAL RENEWAL NOTICE
RENEWAL DATES:
SEPT. 15 – OCT. 31



At UofL Health, nursing is more than a profession, it's a mission. With each patient encounter, we strive to make the impossible, possible.

As a fully integrated regional academic health system with five hospitals, four medical centers, physician practices, Frazier Rehabilitation Institute and the James Graham Brown Cancer Center, the opportunities for nurses are infinite.

UofL Health has our region's only Level I Trauma Center for adults, as well as the only dedicated Burn Center and the first certified Comprehensive Stroke Center in Kentucky.

The development of our nurses is important. We offer several programs designed to help you grow including a nurse residency program, nursing research opportunities, career pathways, continuing education, tuition reimbursement and professional nursing certification. This is one of the reasons our nurses are recognized leaders throughout our organization, community, region, state and nation.

UofL Health has opportunities for nurses just starting out as well as experienced nurses looking to develop their passion for nursing.

UofL Health

- Mary & Elizabeth Hospital
- Shelbyville Hospital
- Jewish Hospital
- Peace Hospital
- UofL Hospital
- Brown Cancer Center
- Frazier Rehab

Vist UofLHealth.org/careers or call 502-588-0418 to find the job that is right for you.

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The Kentucky Board of Nursing protects the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

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Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter dealing with Kentucky nurses and issues affecting nursing practice in the Commonwealth. 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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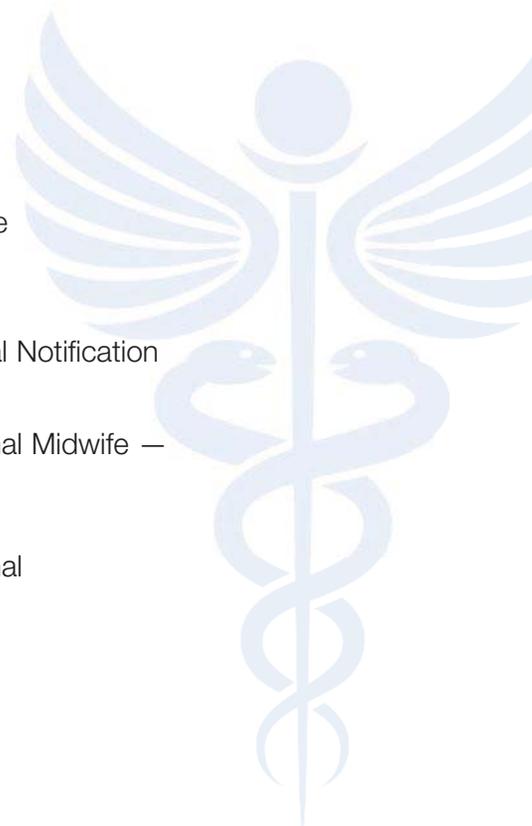


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- 4 Board Members
- 5 President's Message
- 6 Executive Director's Message
- 8 Licensure Corner –
Your Official License Renewal Notification
- 12 Licensed Certified Professional Midwife –
A New License Type
- 13 Licensed Certified Professional
Midwife Regulations
- 20 Kentucky Board of Nursing
Summary of Major Actions
- 26 Continuing Competency/Continuing
Education Requirements FAQs
- 36 Disciplinary Actions



STATISTICS CORNER

As of JUNE 26, 2020
KBN records show:

RN ACTIVE: 74,559

LPN ACTIVE: 13,701

**ADVANCED PRACTICE
REGISTERED NURSES (APRN)
LICENSES: 9,680**

**DIALYSIS TECHNICIAN (DT)
CREDENTIALS: 679**

SANE ACTIVE: 309

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

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**Meet your Kentucky Board of Nursing
Board Members**



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2019-2022



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Versailles
2017-2021



president's message

As I conclude my term as KBN President and seven years of service with the Board, I have the opportunity to reflect on the many accomplishments of the Board. I cherish the opportunities that I have had to contribute to the advancement of the nursing profession and the wonderful individuals that I have met.

Nurses are truly extraordinary people who put others first. You have risen to the occasion, often encountering stressful situations and long hours. There have been occasions, though, where through my seat on the Board I have had the unfortunate experience of learning about some behaviors that nurses have adopted because of poor coping strategies. Now, more than ever, it is important that we take care of not only our patients but also ourselves and engage in self-care.

Even though we can all acknowledge that self-care is important it can sometimes seem daunting when faced with the demands of the profession and life in general. I encourage you start by finding small ways to incorporate self-care into your life and expand on them as you are able. A quick internet search will yield numerous articles on the topic and suggested strategies for self-care. I encourage you to find the strategies that will work best for you. Some of the common self-care strategies emphasize focusing on your physical well-being, mental well-being, and maintaining healthy relationships.

While it can be difficult to find the time or energy to put yourself first and find ways to add self-care strategies into your life, it is essential that this become a part of your daily practice. Engaging in self-care is engaging in better patient care because being the best version of yourself allows you to be the best nurse that you can be.

I have truly enjoyed my tenure on the Board and time serving as your Board President. Please join me in congratulating Dr. Jessica Wilson who will succeed me as Board President!

Dina Byers, PhD, APRN, AGCNS
Outgoing President, Kentucky Board of Nursing



It is an honor and privilege to have the opportunity to work with the staff and Board members at the KBN who work tirelessly for the protection of the people in the Commonwealth. I would like to start by thanking Dr. Byers for her service to the Board. The transition to the role of Board President has been seamless due to the efforts of Dr. Byers. She has worked hard to streamline the work of the Board and is leaving big shoes for me to fill!

The KBN is the agency of the Commonwealth of Kentucky governed by the Nurse Practice Act. KBN protects the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

The Board is comprised of sixteen members, who represent various specialties of nursing from a broad cross-section of the nursing profession. Three of the members are citizens at large. Each appointment is for a term of four years. Nominations are submitted to the Governor from the KY Nurses Association; KY Licensed Practical Nurses Organization Incorporated; Kentucky Organization of Nurse Leaders, an affiliate of the KY Hospital Association; LeadingAge Kentucky; and the KY Association of Health Care Facilities. A citizen wishing to serve on the Board can apply to the Governor's Office.

Board members perform a myriad of roles. From committee membership to providing advisory opinions on the scope of practice to approving nursing programs, a Board member's work is varied and is always interesting.

In addition to Dr. Byers, the terms of three Board members have expired – Gail Wise, Teresa Huber, and Crystal Morgan. I thank each of them for their contributions to the Board. Four new members are joining the Board – Jana Bailey, Dr. Jacob Higgins, Dr. Erica Lemberger, and Dana Steffey. I welcome each of them to the Board and thank them for their willingness to work towards the advancement of the professions of nurses, dialysis technicians, and licensed certified professional midwives.

Jessica Wilson, PhD, APRN, ANP-C
Incoming President, Kentucky Board of Nursing

executive director's message



Greetings,

I hope this issue of the Connection finds you all well and enjoying the summer sun. Summer signals a change in activity, which is also true at the KBN. The onset of COVID-19 has changed and adjusted nearly every aspect of work, including the workflow at KBN. As you all know, many employers have moved to a telecommuting format to help with social distancing. KBN has reduced in-office staff by 75%, but hopes to allow 50% of our staff into the building by the end of the summer. We are also hoping to add some limited in-person services as well. We've greatly appreciated your patience as we learn how to serve our licensees in a virtual environment.

In addition to the emergency regulations, KBN has implemented and plans to implement a number of paperless processes to streamline our functions within our virtual environment. As the APRNs know, we are gradually transitioning to an environment that has the licensee control document uploads. In January, APRN licensees were granted the ability to upload their recertification, collaborative agreement notification and rescission forms, verification certificate of KASPER master account, and DEA registration cards. This allows the licensee to "see" and "control" the documents. Our Licensed Certified Professional Midwife licensees will have that ability from the initiation of licensure. While we understand that this is a change in process, it will ultimately improve our response time. Currently, we receive information via fax, email, and regular mail. This creates duplicate work, and delays our processing times.

In the upcoming months, KBN will be sending additional information about a partnership with CE Broker, which will allow licensees to upload CE certificates, and the Board to retrieve them at the time of audit. At the time of writing, the KBN is in final contracting stages.

As you can see, it's been a busy few months, but we are committed to protecting the public by process improvement. Stay Safe and enjoy the summer!

A handwritten signature in black ink that reads "Jessica L. Estes". The signature is fluid and cursive.

Jessica L. Estes, DNP, APRN-NP, PMHNP-Lifespan
Executive Director
Kentucky Board of Nursing



*Do you have **uninsured** patients in need of **FREE** breast and/or cervical screening?*



Please refer program eligible patients to a participating local health department or a contracted provider to receive FREE Mammograms and Pap Tests.

Eligibility Requirements:

- Age 21 or older
- Has a household income at or below 250% of the federal poverty level
- Has no health insurance (no Medicare, no Medicaid, or no private health insurance)

All I Need to Know is Where I Need to Go! Call 1-844-249-0708!

The Kentucky Women's Cancer Screening Program (KWCSPP) offers FREE breast and cervical cancer screenings. The program provides Mammograms and Pap tests and follow-up services, education and outreach to low income, eligible women. Once in the program, if a woman has an abnormal screening, the KWCSPP covers the cost of most diagnostic tests. If a pre-cancer or cancer is found, the program connects her to treatment through Medicaid's Breast and Cervical Cancer Treatment Program (BCCTP). The KWCSPP provides services through Kentucky's local health departments, community health clinics and other healthcare providers. A woman does not have to reside in the same county in which she receives services. Healthcare providers, please refer eligible women to a participating KWCSPP clinic/provider. For a participating clinic/provider listing call KWCSPP, 1-844-249-0708.



LICENSURE CORNER

YOUR OFFICIAL LICENSE RENEWAL NOTIFICATION

2020 Nursing License and Credentials Renewal Information



BEGINS:

September 15, 2020 at 12:01 a.m.

ENDS:

Midnight October 31, 2020, EST

RENEWAL WEB ADDRESS:

kbn.ky.gov/Pages/renewal.aspx

RENEWAL FEES

RN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)

LPN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)

APRN: \$55 for each role designation (NP, CNM, CRNA, CNS (plus \$65 for the RN license) = \$120

SANE: \$50

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 with 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 or 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 cannot 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

Your primary state of residence is your state of domicile; more specifically, the state where you have your fixed and principal home. If you reside in a compact state other than Kentucky, and if you are eligible for multistate licensure, you must obtain your multistate privilege from your primary state of residence. Some compact states require a separate application before issuing a multistate privilege to their RN and LPN licensees. An exception exists for RNs and LPNs who practice ONLY in a military/federal facility. RNs and LPNs who work exclusively in a military/federal facility are permitted to obtain and renew single state licensure in Kentucky upon an attestation that they practice ONLY in a military/federal facility, even when their primary state of residence is a compact state other than Kentucky.

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 will not be able to renew your APRN license(s). You cannot 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 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 may not 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 in Kentucky. If your national certification lapses for any period of time while your APRN license is current, you may 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.

SEXUAL ASSAULT NURSE EXAMINER (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 may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

Sexual Assault Nurse Examiners must complete 5 continuing education 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

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
- Continuing Competency Requirements

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. During online renewal, an option is available for active duty military licensees who wish to voluntarily pay a renewal fee, even though such payments are not required.

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, 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 the above 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

continued on page 10>>

Upcoming 2020 KBN Board Meeting and Committee Meeting Schedule

Board Meetings:

August 20th

October 15th

December 17th

*Meetings start at 10:00am

Governance Committee Meetings:

September 17th

November 19th

*Meetings start at 10:00am

Consumer Protection Committee Meetings:

September 17th

November 19th

*Meetings start at 11:00am

Education Committee Meetings:

September 17th

November 19th

*Meetings start at 1:00pm

Practice Committee Meetings:

September 18th

November 20th

*Meetings start at 9:00am

Check the KBN website www.kbn.ky.gov for schedule updates and information about how to access the meeting virtually, when offered.

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 may 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. If an APRN continues to work in an APRN role in Kentucky after the invalidation of the Kentucky APRN license, that will result in a disciplinary complaint, which may delay reinstatement. CMS rules may necessitate the refunding of any billings collected for services performed by an APRN with an invalidated APRN license.

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 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

During the COVID-19 State of Emergency, all collaborative agreement requirements have been suspended by Executive Memorandum and SB 150 (2020RS). Collaborative agreement requirements will reactivate at the end of a thirty-day grace period following the lifting of the COVID-19 State of Emergency.

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 website, 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>

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 of 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 immediately. Address changes made from the KBN website update the Board’s database in real time. A change of address may also be mailed or emailed (KBN-Cred@ky.gov) to the Board office, through the use of the form provided on the KBN website: <https://kbn.ky.gov/apply/Documents/addrchg.pdf>.

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

FEE PAYMENT UPDATE

Effective July 6, 2020, fees assessed by the banking industry will be charged for each KBN transaction. Payments made with a credit card will have an additional 2.75% of the payment added to the total. Payments made by ACH (online check) will have a \$1.00 charge attached to the payment. The banking fees will be in addition to the fees due the KBN.

Medicaid Providers

Are you a provider with KY Medicaid? Save yourself time. Renew your license with the Kentucky Board of Nursing by October 15 and the KY Board of Nursing will provide your renewal information to the KY Department for Medicaid Services. Licensees who renew after October 15 will have to provide their renewal information to the Department for Medicaid Services as the KY Board of Nursing provides a one-time list based on renewals received by October 15 as a service to our members.

Dialysis Technician Renewal

The dialysis technician credential is issued for a period of two years from the date that it was originally issued. KBN will send an application form for renewal of the DT credential to each person at least six weeks prior to the expiration of the DT credential. Each DT must apply for renewal of his/her credential at least one month prior to its expiration date. At the time of renewal, you will also have to submit evidence of obtaining certification from one of the nationally recognized certification programs. It is the responsibility of each DT to maintain his/her current address on file with the Board office. A DT Change of Address form is available on the KBN website.

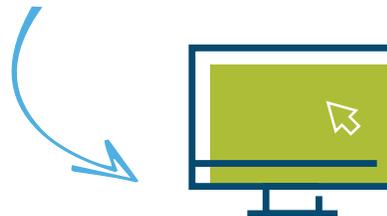


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Joelle, RN

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Licensed Certified Professional Midwife: A New License Type

Elizabeth Regan
President, Kentucky Chapter of the National
Association of Certified Professional Midwives
Mary Kathryn DeLodder
President, Kentucky Birth Coalition



Beginning this summer, the Kentucky Board of Nursing will credential a new profession: the Licensed Certified Professional Midwife (LCPM). For the past year, KBN staff has been working with advisory groups to create the inaugural administrative regulations for this profession in Kentucky.

What is a Certified Professional Midwife (CPM)?

A CPM “is a knowledgeable, skilled and professional independent midwifery practitioner” who provides the Midwives Model of Care. CPMs are trained to work in out of hospital settings and provide comprehensive prenatal, intrapartum, and postpartum care to people experiencing normal, healthy pregnancies.

The CPM credential, accredited by the National Commission for Certifying Agencies, is issued by the North American Registry of Midwives (NARM) upon meeting the standards for certification and passing of a board exam. Individuals who hold the CPM designation and meet other state-specific criteria may apply to be recognized in Kentucky as a Licensed Certified Professional Midwife or “LCPM.” Thirty-five states and the District of Columbia recognize CPMs, including our neighbors Tennessee, Missouri, Virginia, and Indiana.

“The guiding principles of the practice of CPMs are to work with their clients to promote a healthy pregnancy and provide education to help them make informed decisions about their own care. In partnership with their clients, CPMs carefully monitor the progress of the pregnancy, labor, birth, newborn, and postpartum period. They recommend appropriate management if complications arise, collaborating with other healthcare providers when necessary.”¹

CPMs are “direct entry midwives,” meaning that they enter directly into the profession of midwifery. This differs from an APRN-designated Certified Nurse Midwife who is a nurse with

additional training and education in midwifery. Whereas Nurse-Midwives care for patients from adolescence through menopause and beyond, CPMs provide care focused on the childbearing cycle.

Education

Programs delivering educational preparation for CPMs are accredited by the Midwifery Education Accreditation Council (MEAC), which is recognized by the US Department of Education. In addition to the NARM certification requirements, “MEAC standards incorporate the nationally recognized core competencies and guiding principles set by the Midwives Alliance of North America (MANA) and The International Confederation of Midwives (ICM)” and reflects “the unique components and philosophy of the Midwives Model of Care.”²

Educational preparation for CPMs encompasses didactic and clinical requirements completed in 3-5 years. Variations in time to completion depend greatly on the pace and volume of the clinical placement. As a competency-based credential, CPM students commonly work with several preceptors to obtain the requisite skills and clinical experiences. This encompasses minimum numbers of births attended in various roles including continuity of care, prenatal exams, newborn exams, and postpartum exams. As CPMs generally carry a relatively low client load in comparison to inpatient settings, the amount of time to completion of the necessary metrics may differ.

The professional association for CPMs is the National Association of Certified Professional Midwives (NACPM). The state association is the Kentucky Chapter of NACPM. Non CPMs may join as associate members, and student memberships are also available.

Additional Resources

Information for LCPM licensure applicants will be made available on the KBN website. Further information regarding

Certified Professional Midwives and direct entry midwifery can be found at the following websites:

- North American Registry of Midwives - narm.org
- National Association of Certified Professional Midwives - nacpm.org
- Midwifery Education Accreditation Council - meacschools.org
- Midwives Alliance of North America - mana.org
- International Confederation of Midwives - internationalmidwives.org
- Midwives Model of Care - citizensformidwifery.org/mmocg
- Kentucky Birth Coalition – kentuckybirth.org

References

1. North American Registry of Midwives. What is a CPM? Narm.org
2. Midwifery Education Accreditation Council. About MEAC. <http://meacschools.org/about-meac/>



Licensed Certified Professional Midwife Regulations

Morgan Ransdell, JD
General Counsel
Michelle Rudovich, JD
Deputy Executive Director

Introduction

In 2019, SB 84 became law, creating a new class of professional licensee in Kentucky: the Licensed Certified Professional Midwife (“LCPM”). See, KRS 314.400-416. This legislation directed the formation of the Licensed Certified Professional Midwives Advisory Council and the Transfer Guidelines Work Group. These advisory bodies recommended standards and processes to the Kentucky Board of Nursing (“KBN”) that form the basis of new midwifery regulations. The Licensed Certified Professional Midwives Advisory Council is a continuing body that will evaluate peer-reviewed medical literature and will provide advice and recommendations to the KBN on an ongoing basis. Conversely, the Transfer Guidelines Work Group was dissolved following the issuance of recommended guidelines related to the transfer of LCPM patients to hospitals.

With four narrow exceptions, it is now unlawful for unlicensed persons to perform home deliveries in Kentucky. More specifically, it is now unlawful for unlicensed persons to provide care to a person during a low-risk pregnancy, childbirth, and the postpartum period, or to a newborn immediately following birth. The first exception to this new licensure requirement allows an unlicensed traditional birth attendant to provide midwifery services, if the traditional birth attendant has cultural or religious traditions that have historically included home deliveries, provided the traditional birth attendant serves only women and families in the traditional birth attendant’s distinct cultural or religious group. The second exception allows unlicensed persons to provide emergency care,

including care of a precipitous delivery. The third exception allows for self-care or the provision of uncompensated care to a friend or family member, as long as the unlicensed person does not claim to be a midwife. The fourth exception permits unlicensed persons to participate in the provision of care to a person during a low-risk pregnancy, childbirth, and the postpartum period, or to a newborn immediately following birth, but only under direct supervision of a licensed professional who is authorized to provide such care.

Licensure is conditioned upon successful completion of didactic course work, clinical experience, skills training, and competency validation by the North American Registry of Midwives (NARM). The competency validation includes both performance assessment and a written exam. Also, a fingerprint-driven criminal background check will be required for all LCPM applicants. Individuals who cannot meet these requirements are prohibited from participating in home births, unless one of the above-stated exceptions applies. Applicants who are on the Nurse Aide Abuse Registry are barred from LCPM licensure.

201 KAR 20:620 - Licensure Requirements/Process for Licensure

Applicants for initial licensure as an LCPM are required to complete the Certified Professional Midwife Application for Licensure, which is available on the KBN website. The fee for initial licensure, renewal, and reinstatement will be \$1,000.

continued on page 14>>

Applicants are required to provide both evidence that the program from which they graduated is accredited by the Midwifery Education Accreditation Council (MEAC) and an official transcript. An applicant who was certified by the North American Registry of Midwives (NARM) before January 1, 2020 through an educational pathway not accredited by MEAC will need to provide evidence of having earned the Midwifery Bridge Certificate issued by NARM. This shall be in lieu of an official transcript. An applicant that is licensed in another state that does not require an accredited education shall provide evidence of having earned the Midwifery Bridge Certificate issued by NARM and proof of licensure in the other state. The following trainings must be completed and proof of completion must be provided at the time of application: current American Heart Association Basic Life Support (BLS) for health care providers and Neonatal Resuscitation Program (NRP) certifications, a pediatric abusive head trauma course described in KRS 620.020, and a domestic violence course described in KRS 194A.540. Applicants are required to provide evidence of having passed the NARM Examination and been granted certification by NARM.

Applicants are required to request a criminal record check by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI) using the FBI Applicant Fingerprint Card and including any required fee to the KSP and the FBI. Applicants must disclose and provide certified copies of all misdemeanor and felony convictions and information regarding discipline actions in another state at the time of application.

Licensure renewal will occur annually.

201 KAR 20:640 - Requirements for Informed Consent

An LCPM must obtain written informed consent from the patient, and this document must be maintained with the patient's records. The informed consent document must include:

- (a) A description of the LCPM's education and credentials;
- (b) A description of the LCPM's statutory scope of practice, including a summary of the LCPM's limitations of skills and practices;
- (c) Instructions for obtaining a copy of 201

KAR 20:600 to 201 KAR 20:690, such as provision of the relevant web addresses;

- (d) Instructions for filing a complaint with the KBN; such as provision of the relevant web address: <https://kbn.ky.gov/investdisc/Pages/complaints.aspx>;
- (e) A summary of a written protocol for emergencies, including transfer to a higher level of care;
- (f) A description of the procedures, benefits, and risks of birth in the patient's chosen environment, primarily those conditions that may arise during delivery;
- (g) Disclosure of professional liability insurance held by the LCPM, if any;
- (h) The financial responsibility of the patient;
- (i) A summary of the requirements for consultation, referral, or transfer of care established by 201 KAR 20:670 and 201 KAR 20:690; and
- (j) Procedures established by the LCPM for consultation, collaboration, referral, or transfer of care to a physician or other appropriate healthcare provider.

201 KAR 20:670 - Consultation, Collaboration and Referral Provisions

201 KAR 20:670 outlines medical conditions that require an LCPM to consult with a physician or other appropriate health care provider for the purpose of mutually determining if collaboration or referral is appropriate. It is vital that an LCPM become familiar with the list of medical conditions and requirements. It is the responsibility of the LCPM to initiate the consultation and to communicate clearly to the consultant that the communication is for the purpose of a consultation. Consultations may be by phone or other appropriate electronic communication. If the consultant determines that further evaluation is needed, the consultation may be in-person, by telehealth, or through a records review. It is the LCPM's responsibility to provide all relevant client records to the consultant, including a written summary of the client's history and presenting problem, as appropriate. The LCPM must fully document the consultation in the client's record and the LCPM must discuss the consultant's recommendations with the client.

After the consultation and with the

informed consent of the client as required by 201 KAR 20:640, care of the client and responsibility for decision making will either continue with the LCPM, be shared in collaboration by the LCPM and an appropriate licensed healthcare provider, be transferred completely to an appropriate licensed healthcare provider, or be transferred to a licensed healthcare facility providing a higher level of care pursuant to 201 KAR 20:690.

Referral or collaboration occurs only after dialogue and agreement among the client, the LCPM, and the consultant. The LCPM must ensure that the client can understand each provider's role and is able to identify which healthcare provider is responsible for the various aspects of the client's care.

The LCPM may resume sole management of the client's care if the condition or symptom requiring collaboration is resolved as mutually agreed upon by the LCPM and the collaborating provider and the decision is documented in the client's record. When a complete referral of care is necessary, the LCPM must discuss it with the client in a timely manner and the discussion should be in person, if possible. This conversation must be documented in the client's record. It is the responsibility of the LCPM to provide all relevant client records to the provider or facility, including a written summary of the client's history and presenting problem. If the condition or symptom that required referral of care is resolved as mutually agreed between the LCPM and provider, the LCPM may resume primary management or enter into a collaboration of care, if appropriate, and document the decision in the client's record.

The regulation outlines three categories of medical conditions that require collaboration and the LCPM's responsibilities if the client declines to accept the medically indicated consultation, collaboration, or referral. LCPMs are urged to carefully review each of the categories and requirements. The required Informed Refusal form is located on the KBN website. If the condition that mandated the referral occurs during labor or delivery, or in circumstances where the client is otherwise acutely in jeopardy but refuses the referral, the LCPM is required to call 911 and provide care until another appropriate licensed healthcare provider assumes care.

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201 KAR 20:650 - Permitted Medical Tests and Formulary

201 KAR 20:650 specifies the medical tests that an LCPM may independently order. In addition to the tests specified in 201 KAR 20:650, Section 1 an LCPM may order any other test which is determined as necessary after consultation with a physician or other appropriate licensed healthcare provider.

201 KAR 20:680 - Client Records

An LCPM must maintain a record for each patient. The record must be complete and accurate. It shall document: the client's history; physical examinations; laboratory test results; medications administered; antepartum visits; consultations, collaborations, and referrals; labor and delivery; postpartum visits; and neonatal evaluations. If a delivery occurs at a location other than the planned location, or if any referral, transfer or transport of a patient occurs, that occurrence should be documented in client records, as this information must be reported annually to the KBN, as outlined in 201 KAR 20:660. An LCPM must comply with all state and federal laws and regulations regarding the confidentiality of the patient records. See, e.g., 42 U.S.C. § 1320d et seq. Under HIPAA regulations, the KBN is regarded as a "health oversight agency" and is entitled to the same level of access to protected patient medical information as the U. S. Department for Health and Human Services, the Kentucky Cabinet for Health and Family Services, or the Kentucky Medical Licensure Board. See 45 CFR § 164.512(d).

201 KAR 20:690 - Transfer Guidelines

In the prenatal period, an LCPM must provide information to the patient about hospital care and procedures that may be necessary in the event a hospital transfer is warranted. This emergency transfer plan will call upon the LCPM to evaluate the status of the patient, fetus, and newborn throughout the maternity care cycle. The LCPM must determine when a transfer is necessary pursuant to 201 KAR 20:670. The emergency transfer plan must contain the names and addresses of appropriate hospitals offering care for the birthing person or the newborn, as well as contact information which specifies the facility's preferred method of initiating communication to access care. If the preferred method of

initiating communication with the facility is not obtainable, the publicly available information for the facility should be provided. In lieu of facility contact information, the emergency transfer plan may identify a healthcare provider or practice group that will accept the patient in the event of an emergency transfer. The emergency transfer plan must also list the approximate distance or estimated travel time to indicated hospitals, and an EMS activation process or a description of a private transportation plan.

When implementing an emergency transfer plan, the LCPM must notify the receiving provider or hospital of the incoming transfer, the reason for transfer, a brief relevant clinical history, the planned mode of transport, and the expected time of arrival. To the extent possible, the LCPM must continue to provide routine or urgent care en route in coordination with any emergency services personnel and shall address the psychosocial needs of the client during the change of birth setting. Upon arrival at the hospital, the LCPM must provide a verbal report, including details on the client's current health status and the need for urgent care. The LCPM must also provide a legible copy of relevant prenatal and labor medical records. An emergency transfer plan culminates in the transfer of clinical responsibility to the hospital provider; however, if the client chooses, and subject to the policies of the facility, the LCPM may remain to provide continuous support.

201 KAR 20:660 - Duty to Report

The governing regulation requires both an annual report to the KBN regarding a variety of data points, and a separate LCPM Incident Form that is triggered by the occurrence of any newborn or maternal death. The LCPM Incident Form must be provided to the KBN within thirty days of the discovery of an occurrence of a case of newborn or maternal death attended by the LCPM. The LCPM Advisory Council will review all annual reports and incident reports. The completed LCPM Incident Form must list the cause of death and a narrative of incident circumstances; however, patient identifying information should not be included on the form. The completed report must identify whether the incident occurred at a home, hospital, birthing center or other location. The LCPM Incident Report must also identify whether the planned location for birth was a home, hospital, birthing center or other location.

The annual report is due on or before September 1 of each year, and covers the preceding one year period beginning July 1 and ending June 30 each year. This annual report must identify:

- (a) The total number of patients treated by the LCPM during the reporting period;
- (b) The number of live births;
- (c) The number of cases of fetal demise;
- (d) The number of cases of newborn death;
- (e) The number of case of maternal deaths;
- (f) The number, reason for, and outcome of each referral, transfer, or transport of a client in the antepartum, intrapartum, or immediate postpartum period;
- (g) A brief description of any complications resulting in the morbidity or mortality of a mother or a newborn for the first six (6) weeks following delivery;
- (h) The planned location of the delivery and the actual location of the delivery if it is different.

Though not yet finalized by KBN, an annual report form will be developed in consultation with the LCPM Council. This form will be made available via the KBN website prior to June 30, 2021.

In addition to timely filing LCPM annual reports and incident reports, an LCPM must comply with the requirements of KRS 213.046 regarding the preparation and submission of a completed certification for the birth of each live birth attended by the LCPM to the state registrar within five working days of delivery.

An LCPM should review the requirements outlined in KRS 213.046 for additional information. An LCPM is not required to prepare the birth certificate where transfer of care occurs prior to the birth, or where the birth occurs in an ambulance and the LCPM is not present for the delivery. Where either of these events occurs, an employee of the institution is responsible for preparing and submitting the birth certificate. Upon receiving a birth certificate from an LCPM, the Cabinet for Health and Family Services will forward information regarding auditory screening to the mother.

An LCPM must also report suspected domestic violence and abuse and dating violence and abuse. Where such reports are premised upon reasonable cause, the LCPM will have statutory immunity from any civil or criminal liability pursuant to KRS 209A.050. Upon the request of a victim, and after a discussion with the victim, an LCPM must report an act

of domestic violence or dating violence to a law enforcement officer. Whenever an LCPM believes, with reasonable cause, that a patient death is related to domestic violence and abuse or dating violence and abuse, the LCPM must report this information to a law enforcement officer.

An LCPM must also report, by telephone or otherwise, any known or suspected abuse, neglect or dependency of a child in accordance with KRS 620.030. Such reports must be made to the local law enforcement agency, Kentucky State Police, an employee of the Cabinet for Health and Family Services, a Commonwealth's Attorney, or a County Attorney. Similarly, in accordance with KRS 209.030, an LCPM must report to the Cabinet for Health and Family Services if the LCPM has reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, if the adult, because of mental or physical dysfunctioning is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others.

201 KAR 20:630 - Disciplinary Action

The Board of Nursing may reprimand, deny, limit, revoke, probate, or suspend the license of an LCPM upon proof that the LCPM committed any of the following types of wrongdoing:

- (a) Has obtained a license by means of fraud, misrepresentation, or concealment of material facts, including making a false statement on an application or any other document required by the board for licensure;
- (b) Has engaged in unprofessional conduct;
- (c) Has been convicted of a felony;
- (d) Has been convicted of a misdemeanor that meets the provisions of KRS 335B.020;
- (e) Has performed an act that exceeds the scope of practice;
- (f) Has had a license revoked, suspended, denied, or otherwise disciplined in any other territory or jurisdiction of the United States;
- (g) Is unfit or incompetent to practice midwifery by reason of negligence or other causes, including being unable to practice midwifery with reasonable skill or safety;

- (h) Has misused or appropriated any drugs placed in the custody of the midwife for the use of others;
- (i) Has falsified or in a negligent manner made incorrect entries or failed to make essential entries on essential records such as patient records, lab reports, and newborn records;
- (j) Has been listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property;
- (k) Has violated the confidentiality of information or knowledge concerning any patient, except as authorized or required by law (see, e.g., 42 U.S.C. § 1320d et seq.); or
- (l) Has violated KRS 314.400 to 314.416, 201 KAR 20:600 to 201 KAR 20:690, or any lawful order or directive previously entered by the board.

continued on page 18>>

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All hearings in such matters will be conducted in accordance with KRS Chapter 13B. A suspended or revoked LCPM license may be reinstated at the discretion of KBN, and in accordance with the reinstatement provisions set forth within 201 KAR 20:620. The KBN Executive Director may issue subpoenas to compel the attendance of witnesses and the production of documents in the conduct of an investigation. Any person adversely affected by any KBN final order may obtain a review thereof by filing a written petition for review with the Jefferson Circuit Court in accordance with KRS Chapter 13B. A KBN decision or agreed order may require that the LCPM pay costs incurred as a component of the disciplinary process. Also, KBN may require the payment of a civil penalty of up to \$10,000.

All LCPMs must provide KBN with current mailing and e-mail addresses at all times. The mailing of notices and orders to the mailing address on file with KBN constitutes service of process upon the LCPM. An LCPM shall report, in writing, all misdemeanor and felony convictions to the KBN within ninety days, including a certified copy of the record of conviction and a letter of explanation. A guilty plea pursuant to a pretrial diversion agreement, an Alford plea, and a nolo contendere plea are all regarded as a conviction. If an LCPM fails to file the required report within 90 days of the conviction, KBN will immediately temporarily suspend the LCPM's license until the person submits the required notification.

An LCPM must notify the board in writing within thirty (30) days if any professional or business license that is issued to the LCPM is disciplined or is surrendered or terminated under threat of disciplinary action. A denial of renewal or continuance is regarded as discipline.

If the board has reasonable cause to believe that an LCPM is unable to practice with reasonable skill and safety or has abused alcohol or drugs, KBN will require the person to submit to a substance use disorder evaluation or a mental or physical examination by a practitioner it designates. All LCPMs are deemed to have consented to such evaluations if ordered to undergo the evaluation. The order must state the basis for the concern that the LCPM is unable to practice safely and effectively. All objections to the admissibility

of the examining practitioner's testimony or examination reports on the grounds of privileged communication shall be deemed waived. The LCPM shall bear the cost of the evaluation. Failure to submit to an ordered evaluation, unless due to circumstances beyond the LCPM's control, shall result in immediate temporary suspension or denial of an application until the LCPM submits to the required evaluation. If the evaluation results in a finding that the LCPM is unable to practice with reasonable skill and safety or has abused alcohol or drugs, the LCPM shall be subject to the disciplinary procedures described above.

201 KAR 20:600 - Standards for LCPM Training Programs

Training programs located in Kentucky that prepare an individual to become an LCPM shall be accredited by the Midwifery Education Accreditation Council (MEAC). 201 KAR 20:600 outlines requirements for jurisdiction of the Board, the program administrator, faculty requirements, standards of curriculum, clinical experience or preceptorship, admission requirements, and student policies. 201 KAR 20:600 should be referred to for additional information on these topics.

201 KAR 20:610 - Approval Process for LCPM Training

201 KAR 20:610 outlines the approval process for training programs for LCPMs. This regulation should be referred to for additional information concerning: the establishment of a training program for LCPMs, requirements for the letter of intent to be submitted by the governing institution that establishes and conducts a training program for LCPMs, requirements for the program proposal which shall be submitted to the Board by the governing institution for approval, information regarding developmental status, and information regarding initial status and program approval.

CONCLUSION

The above information is being conveyed as a summary of laws pertaining to LCPMs and should not be construed as legal advice. It is imperative that all LCPMs review KRS 209A, KRS 209.030, KRS 213.046, KRS 314.400-416, KRS 620.030, 201 KAR 20:600-690, and all other applicable state and federal laws.

REFERENCES

- ¹<https://apps.legislature.ky.gov/law/kar/201/020/600reg.pdf>
- <https://apps.legislature.ky.gov/law/kar/201/020/610reg.pdf>
- <https://apps.legislature.ky.gov/law/kar/201/020/620reg.pdf>
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- <https://apps.legislature.ky.gov/law/kar/201/020/690reg.pdf>

KASPER: A Snapshot of APRN Obligations

All APRNs who hold a DEA registration are required to hold an active KASPER master account. [KRS 218A.202(2)] Prior to initial prescribing of a controlled substance to a patient, the APRN shall query KASPER for the twelve (12) month period immediately preceding the request for available data on the patient and maintain all KASPER report identification numbers and the date of issuance of each KASPER report in the patient's record. [201 KAR 20:057 §9(2)(b)] During the course of treatment, the APRN shall query KASPER no less than once every three (3) months for the twelve (12) month period immediately preceding the request for available data on the patient. The APRN shall maintain all KASPER report identification numbers and the date of issuance of each KASPER report in the patient's record or an image of the report. If neither can be saved due to technical limitations, the APRN should note the date and time the KASPER was reviewed. [201 KAR 20:057 §9(5)] No less than once every six (6) months, an APRN who holds a DEA Controlled Substance Registration Certificate shall review a reverse KASPER report for the preceding six (6) months to determine if the information contained in the KASPER is correct. If the information is incorrect, the APRN shall comply with 902 KAR 55:110 and take necessary steps to seek correction of the information in accordance with 201 KAR 20:057 §9(13). Refer to state and federal statutes and regulations for additional requirements and exceptions. Failure to comply may result in a disciplinary action against an APRN's license.



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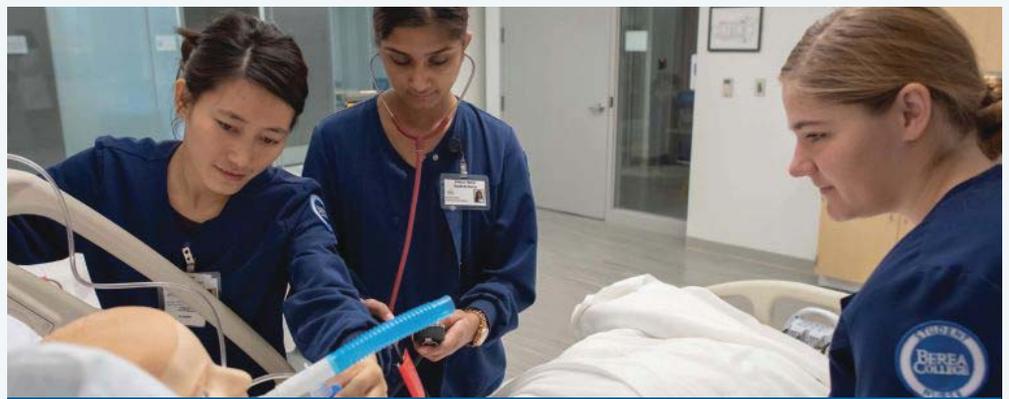
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KENTUCKY BOARD OF NURSING

SUMMARY OF MAJOR ACTIONS

Board Meeting • April 16, 2020

STAFF RECOGNITION

Dina Byers recognized Bridget Smith for 5 years of employment at KBN.

ELECTION OF FY 2020-2021 BOARD OFFICERS

The election for Board Officers was conducted electronically, through Vote Up App. Jessica Wilson was elected as President; Michele Dickens was elected as Vice President.

PRESIDENT'S REPORT

No Report

FINANCIAL REPORT

The Financial Report was presented by Anna Adams, Administrative Services Supervisor. The Board reviewed and accepted the report as written.

EXECUTIVE DIRECTOR'S REPORT

The written report of the Executive Director was presented and included information on the Building; Decreased In-Person Traffic; Emergency Licensure; Personal Care Attendants; Additional COVID-19 Response; Agency Personnel; APRN Update Audit; Licenses Issued Since Telecommuting Implemented; Emergency Privileges Granted; Regulation Updates; Upcoming Meetings; Legal Updates; Investigation Branch Report; Compliance Branch Report; Meetings and Activities; Kentucky Board of Nursing Licensure Report. The Board accepted the Executive Director's report as written and the following actions were taken:

- APPROVED TEMPORARY CHANGES TO 201 KAR 20:056 TO AUTHORIZE THE ISSUANCE OF TEMPORARY WORK PERMITS TO APRN APPLICANTS

The Board, by and through the President Dina Byers, Delegated Authority to the Executive Director, Jessica Estes.

CREDENTIALS REVIEW PANEL

The reports of the Credentials Review Panel meetings held February 20, 2020 and March 19, 2020 were presented. The Board reviewed and accepted the reports as written.

EDUCATION COMMITTEE

The report of the Education Committee meeting held March 19, 2020 was presented.

The Board accepted the report as written and the following actions were taken:

Galen College of Nursing, Hazard, ADN Program

- APPROVED GALEN COLLEGE OF NURSING TO BE ALLOWED TO INCREASE ENROLLMENT FROM TWO HUNDRED (200) TO TWO HUNDRED AND FIFTY (250) STUDENTS IN THE ASSOCIATE DEGREE NURSING PROGRAM, HAZARD, KY, FOR THE FALL AND WINTER QUARTER. FOLLOWING THE WINTER QUARTER, ADDITIONAL BENCHMARK DATA MUST BE PROVIDED FOR COMMITTEE REVIEW BEFORE RECEIVING APPROVAL TO ADMIT THE REMAINING TWENTY-FIVE (25) STUDENTS
- APPROVED THAT ALL REQUESTS FOR AN INCREASE IN ENROLLMENT BE BROUGHT TO THE EDUCATION COMMITTEE FOR REVIEW

201 KAR 20:320 – Proposed Revisions Draft

- APPROVED AS AMENDED, KENTUCKY ADMINISTRATIVE REGULATION 201 KAR 20:320, STANDARDS FOR CURRICULUM OF PRELICENSURE REGISTERED NURSE AND PRACTICAL NURSE PROGRAMS

Sullivan University, Lexington, ADN Program

- APPROVED THE LETTER OF INTENT, DATED FEBRUARY 27, 2020, SUBMITTED BY SULLIVAN UNIVERSITY TO ESTABLISH AN ADN PROGRAM IN LEXINGTON, KY
- APPROVED SULLIVAN UNIVERSITY, LEXINGTON, BE GRANTED TO SUBMIT A PROPOSAL FOR AN ADN PROGRAM

Sullivan University, Lexington, PN Program

- APPROVED THE LETTER OF INTENT, DATED OCTOBER 18, 2019, SUBMITTED BY SULLIVAN UNIVERSITY TO ESTABLISH A PN PROGRAM IN LEXINGTON, KY
- APPROVED SULLIVAN UNIVERSITY, LEXINGTON, BE GRANTED TO SUBMIT A PROPOSAL FOR A PN PROGRAM

Jefferson Community and Technical College, Shelby Campus, ADN Program

- APPROVED THE LETTER OF INTENT, DATED OCTOBER 22, 2019, SUBMITTED BY JEFFERSON C&TC TO ESTABLISH AN ADN PROGRAM IN SHELBYVILLE, KY
- APPROVED JEFFERSON C&TC, SHELBY CAMPUS, BE GRANTED TO SUBMIT A PROPOSAL FOR AN ADN PROGRAM

Somerset Community College, Clinton County, PN Program

- APPROVED THE LETTER OF INTENT, DATED NOVEMBER 19, 2019, SUBMITTED BY SOMERSET COMMUNITY COLLEGE TO ESTABLISH A PN PROGRAM IN ALBANY, KY
- APPROVED SOMERSET COMMUNITY COLLEGE, CLINTON COUNTY CAMPUS, BE GRANTED TO SUBMIT A PROPOSAL FOR A PN PROGRAM

Big Sandy Community and Technical College, Pikeville, ADN Program

- APPROVED THE LETTER OF INTENT, DATED MARCH 6, 2020, SUBMITTED BY BIG SANDY C&TC TO ESTABLISH AN ADN PROGRAM IN PIKEVILLE, KY
- APPROVED BIG SANDY C&TC, PIKEVILLE, BE GRANTED TO SUBMIT A PROPOSAL FOR AN ADN PROGRAM