



# **KBN** **CONNECTION**

**WINTER 2018**  
Edition 54

## **DISCIPLINARY CASE REVIEW THE PITFALL OF SOCIAL MEDIA**

Page 10

## **KENTUCKY'S HURRICANE IRMA NURSE STRIKE TEAM**

Page 14

## **ENHANCED NURSE LICENSURE COMPACT**

Page 16

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# KBN CONNECTION

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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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- 7 NEW Advisory Opinion - Social Media
- 8 KASPER Enhancements for APRN Prescribers
- 10 DISCIPLINARY CASE REVIEW The Pitfall of Social Media
- 14 Kentucky's Hurricane Irma Nurse Strike Team
- 16 Enhanced Nurse Licensure Compact
- 18 National Sample Survey for RNs Coming in 2018



**KBN Connection circulation includes over 90,000 licensed nurses and nursing students in Kentucky.**

- 26 Disciplinary Actions
- 29 Seeking APRNs for Chart Review
- 30 KBN Contact List

# Contents

WINTER 2018 Edition 54

- 5 President's Message
- 6 Executive Director's Message

## Statistics Corner

As of DECEMBER 12, 2017 KBN records show:

**RN Active: 69,658**

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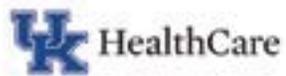
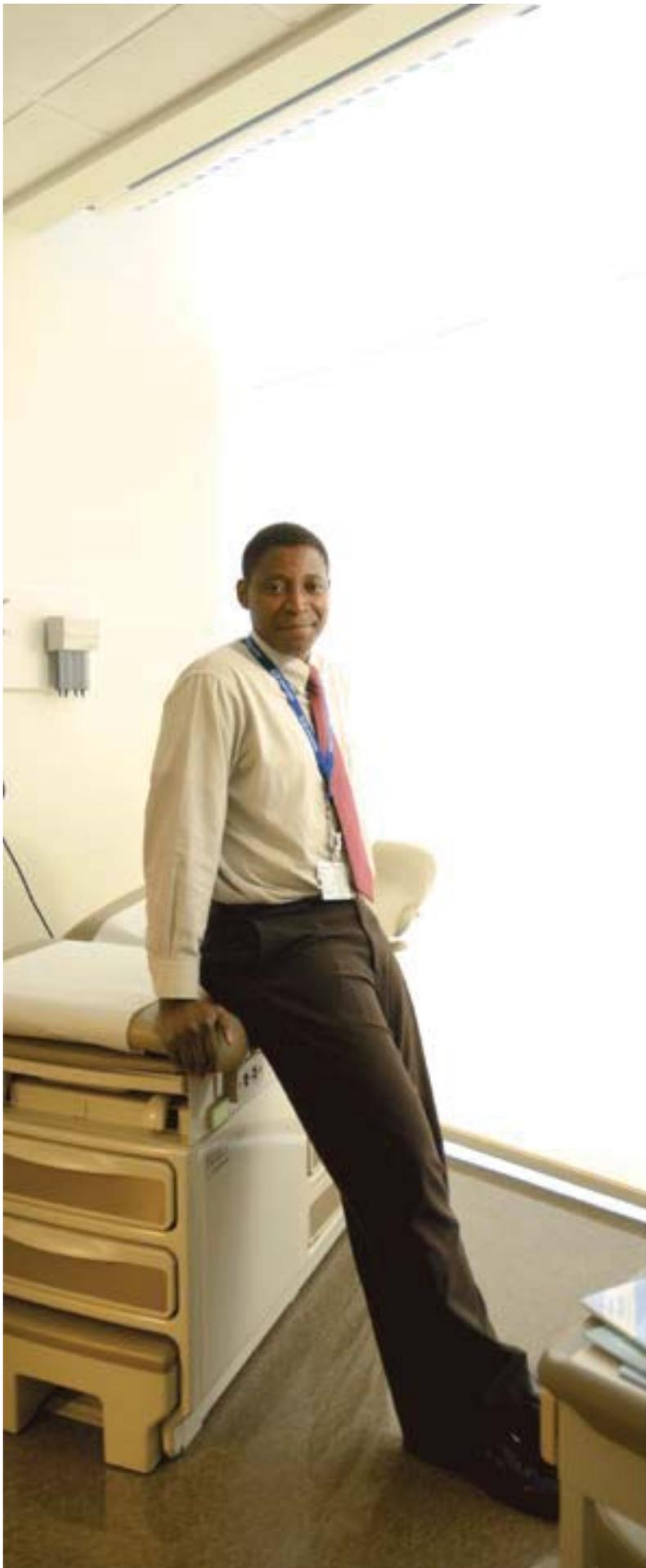
**Advanced Practice Registered Nurses: 7,561**

**Dialysis Technicians Active: 610**

**SANE Active: 250**



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## PRESIDENT'S MESSAGE

Did you know that according to the 2016 census, 7.2 billion people populated the world? Of the entire world, 320 million people call the United States home. Mathematically, the number of people who live in the U.S.A. equates to 5% of the world's population. Now, for the hard fact that is plaguing our country – 80% of world-wide opiate consumption is in on U.S. soil.

Two years ago in 2016, the U.S Surgeon General sounded the alarm around opiates and their abuse. Now many others are weighing-in on opiate abuse, its impact and its current epidemic status. We as nurses, must feel the call to action and ask ourselves, “What we can do?” While the solution is not a simple one, there are some actions that have been taken to combat this illness.

- 2015 The White House declared that federal providers must complete opioid prescriber training
- 2016 Health and Human services narrowed the training gap with emergency medications to treat an overdose which included medication assisted therapy
- 2016 US Food and Drug Administration issued a plan to reassess policies
- 2016 Centers for Disease Control and Prevention (CDC) published guidelines on opioid prescribing treating chronic pain
- 2016 the U.S. Surgeon General approaches addiction as a chronic disease
- 2016 President Obama signed the Comprehensive Addiction and Recovery Act addressing opiate recovery, education, prevention, law enforcement, treatment, justice reform and overdose reversal. This law provided for nurse practitioners meeting specified educational requirements the authority to prescribe buprenorphine for medication assisted treatment. The Act requires 1.1 billion dollars, funded at 181 million dollars.

Now remind yourself of that question – what can we do? Nurses can support current legislative solutions!

The American Nurses Association (ANA) is supporting access to medication-assisted treatment, prescriber education and training, abuse deterrent drug formulations. The American Association of Colleges of Nursing (AACN) announced commitments by more than 200 schools of nursing with Advanced Practice Registered Nursing (APRN) programs to educate APRN students on the CDC guidelines for prescribing opiates. In addition, the National Council of State Boards of Nursing is providing free of charge, two continuing education courses on substance use disorder, which can be found at [www.ncsbn.org](http://www.ncsbn.org)

As a Kentucky nurse armed with the knowledge of an ever-growing opiate epidemic in our communities, please reach out to your professional organization and learn all you can about this challenge. Know that the disease is not selective and crosses all socioeconomic barriers, and your family members and colleagues may be dealing with substance use disorder. This epidemic requires us to work together with other professionals to reach a solution for our communities and all those we serve. In this manner, Patricia Smith, KBN KARE Program Manager, was an invited speaker at the recent KNA Education Summit “Drowning in Substance Use: Focusing Upstream” held in both Louisville and Lexington. Over 500 participants heard her presentation “The Implications of Impairment in the Workplace/Duty to Report” and learned how as nurses we can assist individuals, families, and colleagues to face the challenges of substance use disorder.

We appreciate and commend your compassionate dedication to the opiate challenge.

Lewis Perkins, DNP, APRN, GNP-BC, NEA-BC  
President, Kentucky Board of Nursing

### References:

- Starnes, C. (2016, June 28). America's opioid epidemic: *Part 1—diagnosing the problem*. Retrieved from <https://www.primetherapeutics.com/en/news/prime-insights/2016-insights/2016-06-28-opioid-1.html>
- Alexander, M., Benton, D. C., Spector, N., Richmond, S. H., & Russell, K. (2017, January). The 2017 environmental scan. *Journal of Nursing Regulation*, 7(4). Retrieved from <https://www.journalofnursingregulation.com>



## EXECUTIVE DIRECTOR'S MESSAGE

Dear Colleagues in Nursing:

As you receive this newsletter, a new year will have begun amidst celebrations of hope for the future and optimism for good things to come. As I look forward to 2018, I see the Board continuing its longstanding exemplary work focusing on its mission of protecting the public through the regulation of nursing practice, education and licensure.

In 2017, the Board received feedback on a variety of topics from approximately 10,000 nurses from its Customer Satisfaction Survey initiative. As evidenced by the many comments received from nurses who responded to this survey, it was apparent that there is ongoing confusion as to the Board of Nursing's role and mission. Specifically, many nurses believe that the Kentucky Board of Nursing (KBN) exists to promote the nursing profession and advocate for nurses. Simply put, this is NOT correct.

It is the role of professional associations (i.e., the Kentucky (KY) Nurses Association, KY Licensed Practice Nurse Organization, KY Coalition of Nurse Practitioners and Nurse Midwives or the KY Association of Nurse Anesthetists or other specialty nursing groups) to promote the nursing profession, engage in nurse advocacy and lobby the legislature for changes in the law and establishing standards of nursing practice.

While it could be argued that both the regulatory body (KBN) and professional associations may have similar interests and goals to have a workforce of educated, competent and safe practitioners of nursing, the methods by which these interests are achieved are different. Professional associations serve the public interest in many ways including the promotion of standards of practice, articulating what constitutes excellence in nursing practice and education. They advocate for healthy, safe work environments and for appropriate compensation and benefits for nursing professionals. The methods by which these interests are accomplished are varied, indicative of the wide freedom possessed by professional associations to meet these goals.

KBN, the regulatory body, is a **state government** agency, that has a more narrow and focused perspective than that of nursing professional associations. KBN's sole focus is protecting the

recipients of nursing care. The Board accomplishes its mission through establishing and enforcing minimal essential requirements for nursing education, licensure and practice as stated in the KY Nursing Laws, Kentucky Revised Statute (KRS) Chapter 314. The parameters for the Board's authority are clearly set out in KRS Chapter 314 and KBN cannot exceed the authority granted in the law. KBN, as authorized by KRS Chapter 314, approves prelicensure programs of nursing, sets requirements for initial licensure and renewal of licensure, continuing competency requirements, and, when necessary, investigates complaints against nurses and takes disciplinary action when warranted in order to protect the public.

Should you have additional questions about the Board and the scope of its authority, please do not hesitate to contact KBN for further clarification.

In closing, I would like to welcome the following new staff to KBN: Jeff McCarty RN, Case Manager, Compliance Branch; Debra Seeley RN, Nurse Investigator, Investigation Branch; and Michelle Gary, Practice Assistant, Professional Support Branch.

Congratulations is extended to Amy Wheeler for her appointment as Staff Attorney in the Legal Services Section. In addition, Pamela Hagan is congratulated for her appointment as Deputy Executive Director at KBN.

We bid a fond farewell to two valued employees: Marie Miller, Receptionist, Administrative Services Section and to Linda Coomer RN, Case Manager, Compliance Branch. Both of these individuals served the Board with good humor, dedication and loyalty to the Board's mission. Best wishes to Marie and Linda!

Looking forward in 2018, wishing you good health and success in all your endeavors!

Paula Schenk, MPH, RN  
Executive Director

# PRACTICE CORNER

## Social Media & Nurses

Arica Brandford MSN, JD, RN  
Nursing Practice Consultant;

Michelle Gary, Practice Assistant

In December 2017, the Kentucky Board of Nursing issued a new **Advisory Opinion Statement #40, Social Media and Nurses**, providing guidance to nurses on the appropriate use of social media.

As technology in our world continues to evolve changing the way we communicate and interact, it is important to keep in mind the nurse's professional and ethical obligations to protect patient privacy and confidentiality. Nurses must be mindful of professional and ethical standards of practice, employer policies, as well as state and federal laws that are relevant to patient privacy, confidentiality, and disclosure of patient information.

The Kentucky Board of Nursing supports the guidelines and principles of social media use mutually endorsed by the National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA). The new advisory opinion statement sets forth the following principles and tips.

### Principles for Social Media

- Nurses must not transmit or place online individually identifiable patient information.
- Nurses must observe ethically prescribed professional patient — nurse boundaries.
- Nurses should understand that patients, colleagues, institutions, and employers may view postings.
- Nurses should take advantage of privacy settings and seek to separate personal and professional information online.

- Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
- Nurses should participate in developing institutional policies governing online conduct.
- Remember that standards of professionalism are the same online as in any other circumstance.

### Tips to Avoid Problems

- Do not share or post information or photos gained through the nurse-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.

While the Board recognizes that the use of social media can be a valuable tool in health care, there are potential serious consequences when nurses use social media inappropriately. Inappropriate use of social media is a violation of Kentucky nursing law, and the Kentucky Board of Nursing may investigate a nurse after a report of inappropriate use of social media.

### You're Getting a New Medicare Card!



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Visit [Medicare.gov](http://Medicare.gov) for the latest updates.



CMS Product No. 12006  
August 2017

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# KASPER ENHANCEMENTS FOR APRN PRESCRIBERS



The Kentucky Cabinet for Health and Family Services is announcing changes to the Kentucky All Schedule Prescription Electronic Reporting System (KASPER). KASPER prescriber account holders may now update their personal account information including address, phone, email address and area of work (specialty) from the Account Maintenance web page.

Prescribers may also now include additional DEA license numbers and professional licenses within their KASPER account by contacting the KASPER Help Desk at (502) 564-2703 or [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov).

Beginning in January 2018, when practitioners request a KASPER patient report they may also request information on whether the patient has any positive drug toxicity screen results based on a suspected non-fatal drug overdose treated in an Emergency Department. Hospital EDs will report this information to the Governor's Office of Electronic Health Information via the Kentucky Health Information Exchange (KHIE).

The KASPER report will contain a message explaining whether positive drug toxicity screen results were found for the patient. If so, the practitioner can log directly into KHIE to view the results.

"I am very pleased that our collaboration with the Kentucky professional licensure boards and the Kentucky Health Information Exchange will result in additional KASPER technology capabilities to support our health care providers," said Steve Davis, Inspector General for CHFS.

In addition, beginning in January a new KASPER Prescriber Report card will be available for prescribers. The prescriber report card replaces the existing prescriber peer review report and expands the information available to help prescribers monitor their controlled substance prescribing, and to compare their prescribing practices with all Kentucky prescribers and with prescribers in the same specialty area. KASPER Prescriber Report Cards will be available on a quarterly basis and annual (calendar year) basis.

"These KASPER enhancements demonstrate our continuing commitment to increasing the utility and effectiveness of KASPER as a tool to help combat the epidemic of substance use disorder and drug overdose deaths in Kentucky," said Vickie Yates Brown Glisson, cabinet secretary for Health and Family Services.

To simplify access, KASPER prescriber master account holders will have the option to authorize one or more of their delegates to request an electronic or hardcopy of the prescriber report card on their behalf. Prescribers with multiple DEA licenses should contact the KASPER Help Desk to add them to their account so they will be included in the prescriber report card calculations.

Watch for more information about these changes in KASPER login broadcast messages, the *What's New with KASPER* document on the login screen, and upcoming KASPER Tips.

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## SEEKING APRNs FOR CHART REVIEW

The Kentucky Board of Nursing is currently seeking Advanced Practice Registered Nurses (APRNs) to serve as expert witnesses for patient chart review in cases related to controlled substance prescribing by APRNs. Necessary qualifications include five years of APRN practice, currently holding a CAPA-CS and a DEA certificate. Interested parties may provide a resume' to Morgan Ransdell at [morgan.ransdell@ky.gov](mailto:morgan.ransdell@ky.gov), or you contact Morgan by phone at (502) 429-3339 for more information.

## NURSING INCENTIVE SCHOLARSHIP FUND

Applications are being accepted from January 1 to June 1 for the Nursing Incentive Scholarship Fund. The fund provides scholarships to Kentucky residents attending approved prelicensure nursing programs (LPN, RN or APRN graduate programs). The programs of nursing do not have to be located in KY. The amount of scholarships is up to \$3000 per academic year and may be used for cost of living expenses as well as school expenses. Please go to [KBN.gov/Education/Nurse](http://KBN.gov/Education/Nurse) Incentive Scholarship Fund for more information.



# DISCIPLINARY CASE REVIEW

## The Pitfall of Social Media

Pamela "Chrissy" Blazer, BSN, RN,  
Investigator, Investigation Branch



**Disclaimer:** Although disciplinary action taken by the Board is a matter of public record, the identity of the nurses referenced in this article are not revealed.

**Scenario # 1:** Nurse B was employed as a registered nurse at a hospital working in a clinic with newborns. Nurse B was terminated from her position for violating the Health Insurance Portability and Accountability Act (HIPAA) after she posted a picture of a friend's baby on a social media website (Facebook). Nurse B was holding the baby with her work ID badge visible in the picture, with a quote by the picture stating the reason the baby was seen in the clinic. The picture was taken by the mother of the baby on Nurse B's phone. Nurse B then uploaded the picture to Facebook. The mother of the baby was aware that the picture was uploaded to the social media website and confirmed her knowledge in a written statement provided to the Board of Nursing.

The Board issued a letter of concern to Nurse B for the poor judgment displayed when posting a patient's personal health information on a social media website. The Board of Nursing did not discipline Nurse B for violating patient confidentiality, likely because of the written statement provided from the mother of the baby which confirmed she had knowledge of the post on social media. A letter of concern is not formal discipline on a nurse's license; however, the record is maintained in the Board of Nursing records for future reference. The Board uses the model of Just Culture and progressive discipline in relation to disciplinary cases.

**Scenario # 2:** Nurse L was a registered nurse at a hospital. Nurse L was terminated from her position for making demeaning and degrading comments on a social media website (Facebook) that concerned patients and their families. The nurse listed she was employed as a registered nurse and her place of employment on her Facebook page. No specific patients were named in the posts, but a patient room number was referenced. The posts made by Nurse L directly described the specific types of injuries suffered by her patients, referenced violent feelings towards patient family members, and made comments regarding patient harm in general.

The Board issued a Reprimand to Nurse L for her inappropriate nursing actions. The Board ruled that, among other things, Nurse L violated patient confidentiality because another nurse who worked with Nurse L may have been able to identify the patient about whom Nurse L posted. A Reprimand is formal discipline which is considered action on a nurse's license. It is the least punitive form of discipline the Board of Nursing can impose. Reprimands are published in The KBN Connection, the Board's newsletter. Civil penalties for these types of cases usually range from five hundred dollars (\$500) to

one thousand dollars (\$1000). The nurse is also usually ordered to complete additional continuing education courses on a specific topic.

The Nursing Laws that the nurse was charged with violating in scenario # 2:

- The Kentucky Nursing Laws, specifically KRS 314.091:
- (d) has negligently or willfully acted in a manner inconsistent with the practice of nursing;
  - (j) has violated any of the provisions of this chapter; [and]
  - (n) has violated the confidentiality of information or knowledge concerning any patient, except as authorized or required by law.

**Stop and think before you text, e-mail, post to a social media website or blog:**

**Does the content relate to a patient in any way, whether directly or indirectly?**

**If the answer is yes, do not share the information. Even if no specific patient is identified, health care professionals must keep a patient's personal and health information confidential. It is possible to violate Kentucky nursing law with respect to patient confidentiality without necessarily violating HIPAA.**

**You should also be familiar with your employing institution's policies on the use of social media.**

As nurses, it is our professional and personal responsibility to be aware of the laws that govern our practice. You worked hard for your license, working smarter will protect it.

KRS 314.021(2) holds each nurse individually accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care. As with all complaints received by the Board, each case is investigated individually and the facts are evaluated and considered on a case-by-case basis. You may obtain a copy of the Kentucky Nursing Laws on the Board's website, [www.kbn.ky.gov/legal](http://www.kbn.ky.gov/legal).

**[Reference NCSBN publication "A Nurse's Guide to the Use of Social Media," available at [www.ncsbn.org/download.pdf](http://www.ncsbn.org/download.pdf)].**

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# KENTUCKY'S HURRICANE IRMA NURSE STRIKE TEAM

**Joy Hoskins, RN, BSN, BA**  
Director, Division of Women's Health  
Chief Nursing Officer  
Kentucky Department for Public Health



On September 14th, a Kentucky public health nurse “strike team” left Frankfort to help Hurricane Irma victims in Florida. It was the first time Kentucky was asked to send a team of nurses to another state following a natural disaster. The Department for Public Health (DPH), within the Cabinet for Health and Family Services (CHFS), along with local, state and federal officials coordinated the deployment. The team was initially deployed to Florida for a two week assignment.

The strike team mobilization was a response to Florida Gov. Rick Scott’s plea for nurses after Hurricane Irma. Scott said the state needed 1,000 nurses to assist the relief efforts. One Kentucky nurse said as soon as she heard the plea, she knew she wanted to volunteer. “As a nurse, it is ingrained in us to be compassionate and want to help others and those in need, so that is really the driving force. I just wanted to go and help however I could,” nurse Bethany Mills said. Mills had just finished her medical needs

shelter training in March and wanted a chance to help others using what she learned in her training.

Kentucky’s Nurse Strike Team consisted of 10 registered nurses and two administrative staff members from the Franklin County Health Department, the Louisville Metro Department of Public Health and Wellness, the Northern Kentucky District Health Department and the Kentucky Department for Public Health. The nurses began their assignment in a medical needs shelter in Orlando but were then redeployed to other locations in Florida as needed.

“The deployment of this team of public health nurses is a great reflection of how we continue to move the needle forward to a new level for public health,” said CHFS Secretary Vickie Yates Brown Glisson. “It validates all of the preparation and training this group has gone through. I commend them and thank them for their compassionate service.”

The strike team augmented existing nursing staff to provide

medical support to people who had been displaced from their homes and were residing in medical needs shelters. The individuals housed in these shelters had medical needs and were in relatively stable condition but had a chronic disease or conditions such as diabetes or required medical services ranging from oxygen to dialysis. Nurses conducted history and physical exams, provided patient assessments, assisted with medication administration and provided general nursing care and comfort for these individuals. The strike team was also closely involved with the transition of residents to interim housing or the return to their own homes as possible.

On-site orientation was provided to the nurses once they arrived in Orlando where they were given shift assignments for later that day. The strike team received a wonderful welcome from an exhausted Florida Department of Health nursing staff. Tens of thousands residents were without power and so much work was needed to rebuild the Orlando

community. The nurses provided care and assisted approximately 35 individuals the first day to place everyone in a safe and warm hotel or back home.

The strike team often worked 12 hour shifts and slept in a shelter setting. After a few days, the Osceola Council on Aging's nursing staff soon returned to the Orlando shelter and stated the Kentucky nurses had been a "godsend" to them. The CEO of the facility stated that she was a Kentucky native and when she heard a nursing strike team was coming from our state, she said she "knew that Florida residents would be taken care of because that is what Kentucky nurses do!"

After a few days, the nurses were "on the road

again" and headed down the highway to a new assignment in Naples, Florida, where the team supported a medical needs shelter set up at a local high school. Once in Naples, the nurse strike team was given a new name of the "Kentucky Angels" by local officials and residents in Florida. Florida officials expressed their utmost appreciation for the Kentucky nurse strike team and Kentucky's willingness and readiness to support

Floridians. No task was too big, no task was too small for the Kentucky Angels!

"It is my duty as a nurse to provide support to these individuals who may have been displaced and have medical challenges," said Amber Vittitoe, public health nurse with the Louisville Metro Department of Public Health and Wellness. "I am deeply honored to be chosen for this opportunity to help others in need."

On Thursday, September 21st, the "Kentucky Angels," completed their work assignments and began their journey home. Thank you Kentucky public health nurses for your service and your servant leadership in answering the call to help Hurricane Irma victims.



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T.J. Regional Health's commitment to providing exceptional care with a personal touch not only extends to our patients but to their family members and loved ones.

T.J. Samson Community Hospital has been a critical part in caring for the residents of south central Kentucky for over 85 years. Our highest concern is to provide patients with health care that is respectful, compassionate and convenient.

T.J. Regional Health, Inc. serves as the decision-making umbrella for T.J. Samson Community Hospital, T.J. Health Partners, T.J. Health Pavilion, T.J. Health Columbia and associated clinics. Additional health care services are provided at The Clinic at Walmart, T.J. Urgent Care, primary and specialty care physicians and outpatient care at the T.J. Health Pavilion and family medicine clinics in Cave City and Tompkinsville.

We have recently expanded the T.J. Health brand into Edmonton, Columbia and Russell Springs with the purchase of Westlake Regional Hospital, now T.J. Health Columbia. They include Edmonton Primary Care, T.J. Health Russell Springs, T.J. Health Columbia Primary Care and T.J. Health Columbia Family Practice.



## Kentucky Board of Nursing

312 Whittington Parkway, Suite 300 - Louisville, KY - 40222

Dear Nurse,

As you may be aware, Kentucky has passed a law to allow it to become a member of the enhanced Nurse Licensure Compact (eNLC). The eNLC will be implemented in Kentucky on **Jan. 19, 2018**. Please take a moment to read the information below about the eNLC and how it may affect your license.

- The enhanced Nurse Licensure Compact (eNLC) is very similar to the original Nurse Licensure Compact (NLC) our state belongs to.
- States that are members of the eNLC will issue multistate licenses that allow you to practice physically, electronically and/or telephonically across a state border to patients located in other states that are members of the eNLC.
- If you hold a current Kentucky multistate license, issued on or before July 20, 2017, you will be grandfathered into the eNLC and no further action is needed from you unless you move to another state.
- As with the original NLC, if you practice in other states on your multistate license, you must adhere to the laws and regulations of the state where the patient is located.

### Here are some important changes we want you to know about:

- The eNLC has specific licensure requirements, these are called "Uniform Licensure Requirements (ULRs)." As stated above, all nurses previously declaring Kentucky their home state and holding a multistate license will be grandfathered into the eNLC; however, if you move to another state that is a member of the eNLC, you will need to meet the ULRs in order to obtain a multistate license. Likewise, all nurses applying for licensure and declaring Kentucky their home state will need to meet the ULRs.
- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states (see [ncsbn.org/enlc](http://ncsbn.org/enlc) for an updated map).
- If you need to practice in a state that is not a member of the eNLC, you need a single state license issued from that state regardless of whether you hold a multistate license.

### If you need more information:

- The National Council of State Boards of Nursing has a website ([ncsbn.org/enlc](http://ncsbn.org/enlc)) that will provide you with the details you need to know about this new and exciting change for licensure in your state.
- On the website, there are numerous resources available for your use, including written information, videos and infographics.
- The website will also lead you to our state board of nursing website that has state-specific information on it.

*Paula S. Schenk RN, PhD*

Paula Schenk  
Executive Director  
Kentucky Board of Nursing

