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KBN Connection circulation includes over 70,000 licensed nurses and student nurses in Kentucky.
Recently, the members of the Kentucky Board of Nursing had an opportunity to sit for their annual picture. Watching this group of dedicated volunteers come together as a single unit, I thought how similar this was to the KBN process; for each brings individual expertise, experience, and passion into board discussions, yet the result is a unified decision.

Each of the 16 members on KBN’s board is appointed by the Governor to serve a 4-year term that entails a monthly commitment to board activities. They may also be reappointed for subsequent terms. By law, they come from diverse backgrounds: Registered nurses and licensed practical nurses, educators, nursing home administrators, nurse executives, and consumers. As they carry out their mission of protecting the public, the group routinely faces difficult decisions regarding scope of practice, oversight of education, and discipline for individual nurses. Yet they view their hours or preparation, travel and meeting attendance as a privilege—a privilege to serve the citizens of Kentucky and to serve you, the nurses of Kentucky.

It is my honor to be president of this dedicated and distinguished group.

Jimmy T. Isenberg, PhD, RN

THE KENTUCKY BOARD OF NURSING

Front Row (left to right): Marcia Hobbs, Mabel Ballinger, Jimmy Isenberg, Carol Komara, Gail Wise.
Second Row (left to right): Ann Fultz, Patricia Birchfield, Melda Sue Logan, Peggy Fishburn, Phyllis Caudill-Eppenstein, Susan Davis, Elizabeth Partin, Jan Ridder, Anne Veno, Catherine Hogan. Not shown: Sally Baxter.
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Each legislative session of the Kentucky General Assembly is a reminder that one of the ways we as nurses exercise our responsibility to provide safe, quality patient care is by being attuned to and shaping health care policies. We do this in a number of ways, most obviously by running for office at all levels of government. Other effective actions include active involvement in professional, community, and civic groups with established policy agendas. In our work settings, we are in the unique position of observing the effect of current policies and identifying areas for change that can be shared with lawmakers. Finally, whatever our level of personal involvement, we should be aware of the issues under consideration during law making sessions.

During the 2006 General Assembly, over 1,000 bills were filed, a number of which could affect health care or health care providers. At the same time KBN staff provided support to legislators through individual briefings and by appearing before House and Senate committees and, when requested, comments on the impact of bills and background information were provided.

Two bills will have direct impact on KBN activities. Senate Bill 65, which provides authority for ARNPs to prescribe controlled substances, was signed into law on March 6, 2006. The Kentucky Board of Nursing will have oversight for this law and during the spring and summer will convene the mandated Controlled Substances Formulary Development Committee to make recommendations concerning the scope of ARNP prescribing privileges. The Board is also charged with writing the regulations that will define ARNP activities under this law.

In addition, the Nurse Licensure Compact Bill was signed into law on March 28. Passage of this bill also prompts a number of regulatory and operational activities on the part of KBN staff in order to meet a June 2007 implementation date.

Finally, a personal note—I have just completed my first six months as KBN’s executive director. This has been a fast paced and exhilarating experience, made all the better by working with an exceptionally talented staff and a board whose hallmark is excellence. All of us look forward to serving you in the future as we continue our mission to protect the citizens of Kentucky through safe nursing practice.

Charlotte F. Beason, Ed.D., RN

Educational Offering: Investigation, Discipline, and the Kentucky Nurse

A videoconference presented in cooperation with the Kentucky Department for Public Health will be held on June 6, 2006 from 10 a.m. to 12 noon. This videoconference will focus on the investigation and discipline processes of KBN including the topics of mandatory reporting of violations, complaint filing, and current trends in discipline. The videoconference will feature real case scenarios depicting the types of misconduct KBN reviews and the resulting discipline levied against the nurse. There is no fee charged for the videoconference. To register and locate a site near you, visit www.ky.train.org
In the aftermath of the events of September 11, 2001, the federal government adopted programs for funding state and local preparedness activities throughout the country. The Centers for Disease Control (CDC) and the Healthcare Resources and Services Administration (HRSA) were identified as the federal agencies tasked with administration for all health and medical preparedness funding for the country. Funding from these federal agencies has been awarded to the Kentucky Department for Public Health (KDPH) to support infrastructure and medical systems capacity and capability building. KDPH has utilized these funding streams to prepare the Commonwealth for natural or man-made public health emergencies. HRSA Planning Regions have been developed throughout the state to bring health and medical stakeholders together for planning, training, and to exercise response capabilities. CDC funding has been utilized to place local Preparedness Coordinators in each local health jurisdiction to work with local emergency stakeholders to ensure community readiness in response to a public health event. CDC funding has also been utilized to place Regional Epidemiologists and Regional Training Coordinators throughout the state to support the planning, training, and response capabilities of local public health and medical health care systems. Public health and medical health care partners have worked diligently to establish and test planned response capabilities based on the health threats we face today. The preparedness work that the public health community has accomplished was evident as Hurricanes Katrina and Rita created opportunities to test capabilities in a real life scenario. The Commonwealth of Kentucky was called upon to prepare for the care of displaced persons due to the coastal devastation. KDPH was tasked with coordinating the state’s health and medical response. The department created a web-based registration process to help track displaced persons and their needs. Local health departments began to work with local preparedness stakeholders to open
sheltering facilities and alternative housing facilities. The Kentucky Department for Community Based Services worked with local agencies to make sure the needs of displaced persons was being met and enacted policies to make it easier for them to get the help they needed. In total,

**The cooperation between all health and medical agencies involved, and the planning and training that had been conducted in advance, resulted in an efficient transition of health care services from the areas of devastation.**

more than 6,000 displaced persons sought refuge in 94 of the 120 counties in the Commonwealth. As a direct result of the compassion and care they received and the effectiveness of the response they witnessed, many have remained to call Kentucky their new home.

KDPH was also called on to assist in the care for displaced persons with special medical needs. The National Disaster Medical System (NDMS) was activated and the state stood ready to support the needs of the impacted states medical systems. Federal communications were inconsistent but, after several false alarms, the state received its first NDMS patients as a result of Hurricane Rita. The patients were quickly triaged upon arrival and transported to medical facilities throughout the NDMS areas. The cooperation between all health and medical agencies involved, and the planning and training that had been conducted in advance, resulted in an efficient transition of health care services from the areas of devastation.

The state of Mississippi requested through the Emergency Management Assistance Compact (EMAC) assistance in staffing their regional Emergency Support Function-8 Health and Medical (ESF-8) emergency operations center (EOC). KDPH responded. A database was created and over 1300 public health and medical professionals volunteered their assistance. A total of seven teams of public health professionals made up of nurses, environmentalists, preparedness coordinators, and
administrative specialists were deployed to Gulfport, Mississippi to support response and recovery operations for the Mississippi Department of Public Health. Teams spent 65 days in the impact area providing more than 7,000 hours of labor support. Team members were tasked with coordinating the restoration of the health and medical infrastructure, restaurant inspections, feeding site inspections, shelter inspections and coordination, medical supply management, and potable and wastewater testing and management. The teams were vital in establishing the framework for recovery of the health and medical systems in the six county region in Mississippi that received the heaviest impact as a result of Hurricane Katrina.

The state of Alabama made an EMAC request for support of food stamp operations in Mobile. The Kentucky Department for Community Based Services answered the call and deployed 10 staff members to join a multi-state response effort in initiating the Federal Food Stamp Disaster Assistance Program in Alabama. The program is designed to expedite the process for receiving support for victims of disasters. The team processed nearly 53,000 food stamp applications through the program.

The devastation left behind by the hurricanes has left the coastal areas in a state of recovery that could last for several years. Displaced persons still wait in anticipation of the day when they can return to what used to be their home. The clean up process is under way, but the task is overwhelming. In the midst of the destruction lies a wealth of lessons learned. The public health and medical community throughout the state will not soon forget those lessons learned. Kentucky extended a hand of support and received in return real life experience in an emergency situation. The value of that experience is immeasurable. KDPH led the health and medical system to meet the challenges of Hurricanes Katrina and Rita. The Commonwealth moves forward with a health and medical system that is better prepared to respond to future public health emergencies.
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Archivists estimate that the collective sum of all printed knowledge is doubling every four years. More information has been produced in the last thirty years than in the previous five thousand. The growth of knowledge and the complexity of the nursing profession make it impossible for a new nurse to graduate from school with all the skills and abilities necessary to function independently as they enter the world of professional nursing. Effective January 1, 2006, Kentucky became the first state to take legislative action to address the transition period from student nurse to professional. Beginning with the New Year, any individual seeking licensure in Kentucky by examination and/or endorsement, who has not practiced for at least 120 hours following graduation, is required to complete a clinical internship and pass NCLEX prior to full licensure being granted. According to the statute, KRS 314.011(20), clinical internship is defined as: “A supervised nursing practice experience which involves any component of direct patient care.” The statute further specifies that the internship “shall last a minimum of 120 hours and shall be completed within six (6) months of the issuance of the provisional license” (KRS314.041). The key elements of the clinical internship include: direct patient care, supervision by a licensed nurse, 120 hours in duration, and a six month provisional license time frame.

The intent of the law is to ensure that the newly graduated nurse will have a period of time where she/he can rely on the expertise of a seasoned professional and begin the transition from student to licensee. Kentucky is the first state in the nation to initiate a mandatory internship and KBN views the implementation of the program as a unique opportunity to assist the transition of graduate nurses to full employment through a mentoring experience.

Regulation implies the intervention of the government to accomplish an end beneficial to its citizens. The internship supports KBN’s mission of protecting the public by promoting safe nursing practice. Recognizing that nursing competency and patient safety goes hand in hand, the clinical internship is a “win-win” for everyone. It is a “win” for patient safety and a “win” for graduate nurses as they move from the protected world of structured clinical rotations to the role of independent licensed practitioner.

Overview of the Licensure Process

With the initiation of the clinical internship, the process for obtaining licensure has changed. Students graduating from an approved nursing program will first make application to the state of Kentucky and to NCLEX. Once their Kentucky application is complete, KBN will wait until communication is received from their program of nursing indicating that they have successfully completed all requirements for graduation. Once this communication is received, the graduate will be issued a provisional license for the state of Kentucky that is valid for six months. During this six-month period of time, the new graduate is required to complete the internship and successfully pass the NCLEX examination. At the time that the provisional license expires, if the new graduate has either not completed the internship or not passed NCLEX, he/she will no longer be able to practice as a licensed nurse within the state of Kentucky.

Once the provisional license has been issued, the new graduate can begin the clinical internship. The location of the internship can be anywhere that the required elements can be obtained. During the period of time that the new graduate has the provisional license, he/she will use the title of RNA (Registered Nurse Applicant) or LPNA (Licensed Practical Nurse Applicant). For a new graduate, a primary factor in the selection of an agency is the ability to engage in patient care under the direct supervision of a licensed nurse. To qualify as direct supervision, the nurse responsible for the applicant shall at all times be physically present in the facility and immediately available to the applicant.

At the completion of the 120-hour internship period, the new graduate will submit verification of completion to KBN. Once this verification has been received, KBN will notify NCLEX that the individual is eligible to schedule and take the licensing examination. Once the test is taken and the results are positive, the new graduate will be granted full licensure within the state. If the graduate is not
successful on the examination, the provisional license is voided and the individual can no longer work in the capacity of a licensed professional until that time that they have successful passed NCLEX.

**What Constitutes Direct Patient Care?**

KRS 314.011(20) defines the "Clinical Internship" as a supervised nursing practice experience that involves any component of direct patient care. The question has arisen as to what constitutes direct patient care. “Direct patient care” can be seen by the obvious components of “hands on” care but would include other activities related to patient care such as obtaining or giving report, charting, communicating with physicians, etc. Based on questions and comments from students, educators, and hospital personnel, KBN adopted an expanded interpretation of direct nursing care to include those “nursing practice activities that include influencing and/or impacting direct patient care.”

**Frequently Asked Questions:**

**When can a new graduate begin the clinical internship?**

The internship cannot begin until the graduate is issued a provisional license. A new graduate first makes application for licensure to the state of Kentucky. Once all program requirements are met for graduation, the Kentucky nursing program sends a certified list of graduates to the KBN Credentialing Branch. Assuming that the individual’s application for licensure is complete and his/her name is listed on the program’s certified list,* the new graduate will be issued a provisional license.

*Applicants educated out of state must submit a final transcript.

**Can more than one nurse serve in the role of “supervising nurse” for a new graduate?**

It is up to the facility conducting the internship to establish the schedule for the new graduate based on availability of resources. If more than one nurse will serve in this role, it is advised that the facility identify one nurse that will be responsible for verifying that the internship was completed.

**Are there any restrictions where the Clinical Internship can be completed? Does it have to solely occur in the intended practice area?**

The internship can be completed in any clinical setting where direct patient care is provided and there is a licensed nurse available to provide direct supervision. Though not mandated, it stands to reason that the preferred setting for the internship would be the clinical area where the new nurse will work once full license is granted. Since the purpose of the internship is to allow the new graduate an opportunity to work with a licensed nurse, it is desirable, but not required, to be within in the clinical area where they will continue to work.

**Does the applicant have to be employed by the site where the internship is conducted?**

Employment is not a requirement for the completion of the internship. The only stipulation is that the 120 hours is completed post graduation and following receipt of the provisional license. More than likely the internship will occur where the new graduate is employed but this is not a requirement.

**Do all 120 hours need to be completed at the same clinical agency?**

The regulation does not specifically state that all 120 hours need to be completed at the same institution. It is preferable that this occurs at one facility to allow the new graduate a continuous application of learning. When submitting internship verification to KBN, care must be given to list complete information for each site where clinical hours were obtained.

**How does this regulation impact nurses endorsing into Kentucky from other states?**

If a graduate chooses to seek licensure first in another state, assuming that they meet all other licensure requirements, the applicant will be required to provide documentation that they have completed a minimum of 120 hours of practice as a nurse. For those that have not completed the 120 hours required for the internship, they will be issued a provisional license. Once documentation of completion of the internship of 120 hours is validated, the individual will be granted a full license.

**How does the practice of the nurse applicant change once the internship is completed?**

As long as the applicant is an R.N.A. or L.P.N.A., by law they shall only work under direct supervision and shall not engage in independent nursing practice.

**Can the internship be started prior to the issuance of the provisional license?**

No. In order to be eligible for a clinical internship, the applicant must hold a provisional license. The applicant can begin the internship as soon as it is verified that they have an active provisional license. Applicants will receive the provisional license via U.S. mail. Validation is also available on the KBN website.

**What if something happens and the applicant is not able to complete the internship within the six-month period of time designated for the provisional license?**

If an applicant should experience a temporary physical or mental inability and is unable to complete the clinical internship, the applicant, prior to the expiration of the provisional license, must contact KBN and submit a petition to “Hold Provisional License in Abeyance”. In order for KBN to rule on this, the
applicant is required to submit evidence from a licensed health care practitioner that documents a diagnosis of a temporary physical or mental inability that prevented the applicant from completing the internship within the original six months.

Once the "Petition to Hold Provisional License in Abeyance" is granted, the current provisional license is voided and must be immediately returned to KBN. Once the temporary physical or mental condition has been resolved, the person can request the board to reissue the provisional license. Until the time that a second provisional license is issued, the person may not engage in nursing practice, this includes any time devoted to orientation.

**Can an applicant request a second provisional license for a reason other than for physical or mental inability to complete the internship?**

No. It is critical that a nurse applicant not submit his/her application for licensure in Kentucky until they believe that they will able to complete the internship and take the NCLEX examination within the six-month period of time that the provisional license is active.

**Does any portion of classroom orientation count toward the 120 hour requirement i.e. time in a simulation lab?**

No. The regulation specifically calls for "supervised nursing practice experience, which involves any component of direct patient care." Time spent in the classroom for general facility or nursing orientation is not considered to be direct patient care. Time spent in a simulation lab would also not meet this definition.

**Does the internship have to be 1:1 (supervising nurse to new grad)?**

Many facilities already utilize a preceptor model for a one-to-one experience when new graduates arrive on the unit. The one change is now the law mandates the time period to consist of a minimum of 120 hours. The regulation does not specify that the relationship must be 1:1.

When determining the model chosen for the internship, a definition that needs to be kept in mind is that of "direct supervision." To qualify as direct supervision, the nurse responsible for the applicant shall at all times be physically present in the facility and immediately available to the applicant while the applicant is engaged in the clinical internship. The intent of the internship is to ensure that new nurses have an established period of time with an experienced nurse as they begin to learn their new role of licensed nurse.

**What is the difference between the 120-hour Integrated Practicum completed pre-graduation and the 120-hour Clinical Internship completed post-graduation? Can the 120-hour pre-graduation count for the Clinical Internship requirement?**

Each prelicensure program of nursing within the state is required to include an integrated practicum for those students entering the program as of July 1, 2004. The integrated practicum consists of a minimum of 120 clock hours of concentrated clinical experience of direct patient care in a health care facility or health care organization. This practicum must be completed within a period not to exceed seven consecutive weeks during the last semester or quarter of a nursing program. This practicum is specific to the program of nursing and allows the faculty to design the clinical experience to fulfill their program outcomes.

While the Integrated Practicum is a part of program completion requirements, the clinical internship is required for initial licensure. The focus of the internship is to begin to integrate the new graduate into the role of a licensed nurse. Completion of the internship will more than likely be within the setting and specialty where the new nurse will begin his/her practice. Since the intent of the two clinical experiences is different, the clinical time periods are not interchangeable.

**Can the internship hours be a part of the nursing orientation program or does it have to be separate?**

Internship hours can be contained within the overall facility orientation program as long as the hours meet the other requirements, i.e., total number of hours, direct patient care, and supervision by a licensed nurse.

**What happens if the applicant is unsuccessful on NCLEX?**

If the applicant should be unsuccessful on NCLEX, the provisional license is voided and shall be immediately returned to KBN. Since the person no longer holds a provisional license, they can no longer work in the capacity of a nurse applicant. The applicant would have to re-apply to KBN for a license and follow the re-testing process. Persons are eligible to re-test every 45 days.

**Will the internship be required to be repeated at any point should the LPNA or RNA be unsuccessful with achieving licensure?**

Once the internship has been completed and verified, the applicant will not be required to repeat this process for licensure purposes. The only time that another internship will be required is if the nurse moves to a different level of licensure, i.e. an LPN who returns to school to become an RN or an RN graduate that seeks licensure as an LPN. In both incidents, the nurse would be required to complete an internship for the new corresponding level of practice.

**Additional resources are available on the KBN website at http://kbn.ky.gov or email Patricia.Spurr@ky.gov.**
**Proposed Amendment to 201 KAR 20:240 – Fees**

Directed that, in the amendment to 201 KAR 20:240, the examination application fee be set at $125 with the remaining fees to go forward to the Legislative Research Committee (LRC) without revision.

**Senate Bill 65 – Prescriptive Authority for Advanced Registered Nurse Practitioners**

Directed staff to provide a report describing Schedule 1, 2, 3, 4, and 5 drugs as well as what is actually reported on a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report.

**House Bill 303 – Health Services**

Directed staff to respond to inquiries that the Nursing Incentive Scholarship Fund (NISF) is necessary not only to help ease the nursing shortage, but to increase the number of baccalaureate and masters prepared nurses. Staff was further directed to report to KBN on the income and expenditures of the NISF.

**Nursing Assistive Personnel and Medication Administration**

Directed the KBN Practice Committee to develop a position paper on medication administration by unlicensed personnel.

**Ad Hoc Education Standards Committee**

Directed KBN to appoint an Ad Hoc Education Standards Committee to review Kentucky education standards and report their recommendations to the KBN Education Committee.

**Nursing Education**

- Directed that the Associate Degree Program of Nursing, Pikeville College, Pikeville, be retained on full approval status.
- Directed that correspondence from KBN be sent to Ms. Cynthia Salins indicating the findings of the focused site visit for the Associate Degree Nursing Program at Somerset Community College and that based on the review of materials, no further investigation or action is warranted.
- Granted approval of the new location of the Associate Degree Nursing Program at St. Catharine College, St. Catharine, as it meets all requirements set forth in 201 KAR 20:350.
- Directed the Practical Nursing Program, Brown Mackie College, Northern Kentucky, to submit a report addressing Internet library/journal source questions by April 1, 2006.
- Considered the application to establish a prelicensure program of nursing by Brown Mackie College, Louisville, as an application to establish an extension program pursuant to 201 KAR 20:290, and as the standards of that regulation have not been met by the governing institution, denied the application.
- Deemed the location of the Practical Nursing Program Extension at Somerset Community College, Albany, meets all requirements set forth in 201 KAR 20:350.
- Granted developmental approval status to the proposed Practical Nursing Program Extension, Somerset Community College, Albany. Further directed that the program submit a progress report within 3 months of entrance of the first class documenting the implementation of the program proposal.
- Approved the proposed revisions to: 201 KAR 20:070, Licensure by Examination; 201 KAR 20:110, Licensure by Endorsement; 201 KAR 20:370, Applications for Licensure and Registration; and 201 KAR 20:411, Sexual Assault Nurse Examiner Program Standards and Credential Requirements.

**Nursing Practice**

Approved the letters of response to the following opinion requests: role of the LPN in intravenous therapy practice; role of the RN in the administration of Fentanyl PCA to intrapartum patients in labor; role of the RN in withdrawing cerebral spinal fluid samples via a lumbar drain; nurse’s use of standing orders/protocol for the administration, prescribing, and dispensing of medications to students in a college health setting.

**Governance Panel**

- Directed that an in-service be held from 9 to 10 a.m. on the Friday morning of each Board meeting; that an Open Forum be scheduled at 10 a.m. on the Friday morning of each Board meeting; that the Board meeting will recommence Friday mornings at the conclusion of the Open Forum; that this new format be published on KBN’s website, in the KBN Connection, and in the Kentucky Nurse; and that the KBN executive director shall determine the in-service topic with input from Board members.
- Declined the adoption of the Model Code of Ethics.

**Disciplinary Actions**

Approved 9 Proposed Decisions as written, 1 Proposed Decision as amended, and received reports on the approval of 34 Agreed Orders, 2 Consent Decrees, and 8 Removal of Licenses from Probation.
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“I enjoy working at PMC because of the great teamwork between co-workers and the family like atmosphere that welcomes you as soon as you walk through the door.”
- Jamessa Scott, RN

“I live in Pikeville because it’s a great place to raise a family. I work at Pikeville Medical Center because it’s a great place to practice. I couldn’t have made a better decision.”
- Chris Altman, CRNA

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Pikeville Medical Center
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brian.mullins@pikevillehospital.org

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Pikeville Medical Center has operated an acute care medical facility in Pikeville for more than 80 years and is the most expansive medical treatment facility in eastern Kentucky. The 261-bed medical center is a vibrant, growing organization dedicated to improving the health and welfare of those living in eastern Kentucky and surrounding states through a variety of advanced healthcare services.

In addition to providing quality health care, PMC is also a vital component of the local economy with nearly 1,400 employees receiving wage and benefit packages averaging $50,000 annually. Furthermore, PMC has 189 physicians on its medical staff and is actively recruiting more.

Being a part of an organization that is progressive, challenging and rewarding is often a goal for people who go into nursing as a career. Those who choose to join the dynamic team at Pikeville Medical Center know that attaining that goal is possible. It is an organization that embraces what nursing brings to the table.

There is no better career choice to make, than one that is focused on health care. Everyone encounters the need for health care at some point in their life. When that occurs, you as a patient want to be surrounded by caring, compassionate people who treat you like one of the family. The highly skilled, well-educated staff at PMC combines these traits to provide service at an exceptional level. They know how they would want to be cared for and they strive to care for others in this manner.

“As a nurse, I am proud to be associated with a workforce that knows what it takes to go beyond what is expected,” stated Joann Anderson, CEO at Pikeville Medical Center. “If you are looking for an environment that provides a variety of opportunities to use your nursing knowledge, one that challenges you to be the best and recognizes the value of each individual, you will find that and more at PMC. Do not pass up the opportunity to be a part of a progressive organization.”

The mission in the PMC nursing department is to give “the best care in Kentucky,” and as a team, we work very hard to live this mission everyday. Nursing is a profession to be proud of, and a profession that respects the dignity and uniqueness of all human beings.

“On behalf of the nursing department, I welcome you to join a dedicated staff that is committed to giving excellent care to our patients. When you join the nursing team at PMC, you will experience a spirit of giving, caring and commitment to quality care as well as teamwork in all that we do,” remarked Cheryl Hickman, Pikeville Medical Center’s CNO. “You will also find an extended family that will offer you friendship, support and encouragement throughout your career.”

Once you choose to join the staff at Pikeville Medical Center, you will quickly realize that you have chosen a journey that will fulfill your hopes and dreams of a nursing career filled with many rewards and successes.

Again, we extend an invitation for you to join a dedicated and committed staff at Pikeville Medical Center, and congratulations on choosing a wonderful career in nursing.
Mandatory Online Renewal Information

**Fees:**
- $50 RN
- $50 LPN
- $40 ARNP
- $35 SANE

**Postcard Notification:**
All nurses who hold an active license will receive a postcard containing renewal information. Postcards will be mailed on June 25, 2006. If you have moved and did not update your address with KBN, you may do so from our website at [http://kbn.ky.gov/onlinesrsvs/addchg.htm](http://kbn.ky.gov/onlinesrsvs/addchg.htm). Changes you submit from this web address will update the KBN database as soon as you submit the data. Registered nurses with an inactive license will not receive a postcard notification, since the inactive status will not be available after October 31, 2006.

**Mandatory Online Renewal:**
- RNs, LPNs, ARNP, and SANE must renew online at [http://kbn.ky.gov/onlinesrsvs/renewal.htm](http://kbn.ky.gov/onlinesrsvs/renewal.htm). The renewal site is a secure system located behind two firewalls, using the highest level of encryption available. To renew online, you will need the last four digits of your social security number, license number, and date of birth. You will also need one of the following methods of payment: credit or debit card (MasterCard or Visa only), personal check, or a business check. You may also have the payment deducted from your savings account. Prepaid credit cards are also available from many banks.
- Using any computer with Internet access, you can renew at any time of day, any day of the week, and receive instant notification that your renewal information was received by KBN. You may also change your address at the time of renewing. This is the fourth year that KBN online renewal has been available. Some of those who have used the online renewal have provided the following feedback:

  “Online renewal was easy, convenient and I knew it didn’t get lost in the mail.” Joyce A. Bonick, RN, Credentials Manager

  “I found registering online to be very quick and efficient and I didn’t have to worry about my application getting lost in the mail! I am anxious for the ARNP license renewal to be online.” Joyce A. Bonick, RN, Credentials Manager

  “I found registering online to be very quick and efficient and I didn’t have to worry about my application getting lost in the mail! I am anxious for the ARNP license renewal to be online.” Kris

You may access the renewal link from midnight July 1, 2006 through midnight October 31, 2006 (Eastern time), when access to the link is disabled. If you fail to renew and/or fail to submit required documentation before the October 31 deadline, your license will lapse, and you will have to reinstate your license.

**Required documentation includes:**
1. Court records and letters of explanation, if you answer “yes” to the criminal activity question.
2. Board certified orders and letters of explanation, if you answer “yes” to the disciplinary history question.
3. Letters of explanation and other requested documentation, if you answer “yes” that your ARNP national certification was probated.
4. Other documentation requested by KBN staff.
- Do NOT submit evidence of continuing competency earnings or of permanent residence unless requested to do so.

**ARNP Renewal**
If you are renewing your ARNP registration, you MUST use the RN-ARNP link on the renewal webpage. From this link, you will renew your RN license and your ARNP registration simultaneously, for the combined fee of $90 (RN-$50 and ARNP-$40). Be sure you do not use the RN-LPN link.

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

**Military Nurses Deployed Overseas**
If you are a military nurse and will be deployed overseas during the renewal period, you have two options:
1. Submit a copy of the official overseas deployment orders to KBN prior to deployment. You 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.
2. Do nothing until you are reassigned to the United States. 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.

**Paper Renewal Applications**
- Paper renewal applications will be available for an additional fee of $40. This fee does not include the renewal fees listed previously. To request a paper renewal application, you must return the designated portion of the renewal notification postcard and a check or money order in the amount of $40. A paper application will be mailed to you. When you return the renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 10, 2006.

**Inactive Registered Nurses**
- All inactive RN licenses will lapse at midnight, October 31, 2006, and the inactive status will no longer be available. If you hold an inactive RN license, you may:
  1. Let your license lapse. A lapsed license is not associated with disciplinary action, and you do not have to earn continuing competency credits while your license is lapsed. You may reinstate to an active status at any time after October 31, 2006 by filing an application, fee, and meeting the continuing competency requirements at the time of your reinstatement. You do not have to retake NCLEX to reinstate from a lapsed license status.
  2. Change to an active status between June 1 and October 31, 2006 to receive an active license that expires October 31, 2007. File an application, fee, and the continuing competency requirements. After your application is reviewed, your license may be changed to an active status.
  3. Apply online for a retired license status. After November 1, 2006, RNs may apply for a retired status by completing the application and paying the one-time $25 fee. LPNs may apply at any time. The retired license status is not subject to renewal. You may use the initials RN or LPN if you hold a retired status license.
- Remember, if you practice as a nurse in Kentucky without an active nurse’s license, you are subject to disciplinary action. Additional information and applications for reinstating or changing to an active or a retired status are on the KBN website at [http://kbn.ky.gov](http://kbn.ky.gov).
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Ask about our
- ADN program
- Accelerated program in Danville
- Accelerated RN-BSN program for working nurses

For More Information
call 1.800.755.0031
or email admissions@midway.edu

Midway College is an Equal Opportunity Institution

Students Attending Board and Committee Meetings

Dr. Beason wishes to extend an invitation to programs of nursing to have students attend either Board or committee meetings. Meeting dates for the remainder of 2006 are listed below.

Practice Committee considers those matters related to the interpretation of the legal scope of nursing practice as defined by Kentucky Revised Statutes Chapter 314 and Board of Nursing administrative regulations. Committee deliberations may include review of other relevant statutes and regulations as necessary.

Education Committee considers those matters related to mandatory continuing education and prelicensure nursing education in the Commonwealth.

Consumer Protection Committee considers those matters related to investigation and disciplinary processes and preparation of hearing panel members.

<table>
<thead>
<tr>
<th>2006 Board Meetings</th>
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<tbody>
<tr>
<td>Meetings begin at</td>
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<tr>
<td>1 p.m. on Thursday</td>
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<tr>
<td>9 a.m. on Friday</td>
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<td>Jun. 22-23</td>
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<td>Aug. 10-11</td>
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<td>Oct. 19-20</td>
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<td>Dec. 14-15</td>
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<tr>
<th>Education/Practice Committee</th>
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<tr>
<td>Both meetings begin at 9 a.m.</td>
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<tr>
<td>May 26</td>
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<tr>
<td>Nov. 16</td>
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<th>Consumer Protection Committee</th>
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<tbody>
<tr>
<td>Meeting begins at 1 p.m.</td>
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<tr>
<td>Nov. 16</td>
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</table>

All meetings are held at the KBN office:
312 Whittington Parkway, Suite 300, Louisville, KY 40222

Our only request is that you let us know that you are coming, and the approximate number of students, so that we can be prepared to accommodate. Please RSVP Dea Cook at Dea.Cook@ky.gov at least one week prior to the meeting that students will be attending.

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Marymount Medical Center has positions for nurses who are passionate about helping others, understand the value of their work and who genuinely want to make a difference in the lives of people they touch.

This is an exciting time at Marymount because we’re in the process of revitalizing our culture through an initiative called Engineering Excellence. Dedicated to providing an interactive, quality environment for our employees, physicians and patients, Engineering Excellence involves all levels of hospital personnel and is a top priority of our senior management team.

We’re creating an environment that involves purpose, worthwhile work and the ability to make a difference. If that’s what you’re looking for, we have a place for you. Call us.

Marymount Medical Center
310 East Ninth Street  London, Kentucky 40741  (606) 878-6520  www.marymount.com
Until recently, the public had little or no knowledge of the disciplines or practices of forensic sciences. However, today’s popular television shows such as CSI: Crime Scene Investigation, Cold Case Files, and ER have influenced the public on the role of forensic examiners. Although portrayed inaccurately at times, the media exposure has given attention to the largest group of forensic examiners, the Sexual Assault Nurse Examiners (SANE).

A SANE is a registered nurse with advanced education and training in the performance of comprehensive medical/forensic examinations on victims of sexual offenses for victims 14 years or older. The Sexual Assault Nurse Examiner (SANE) credential was established by Kentucky legislation in 1996 [see KRS 314.011(14)]. SANE credentials are issued through the Kentucky Board of Nursing (KBN) after completing 40 hours of classroom instruction and 60 hours of clinical training [see 201 KAR 20:411]. This training provides essential information about the dynamics of sexual violence, including crisis intervention, related laws, sexual assault evidentiary examination, Sexually Transmitted Infection (STI) risk evaluation and prevention, pregnancy risk evaluation and interception, injury recognition and documentation, and specialized techniques for investigating sex crime.

The effects of sexual violence can be devastating to its victims and its consequences may produce both physical and emotional sequelae. The SANE provides optimal care that may reduce the long-term impact of these effects. The SANE practice is based upon the belief that the survivor of sexual violence has the right to immediate, compassionate, and comprehensive medical/forensic evaluation and treatment by specially trained professionals who have the experience to anticipate their needs. It is acknowledged that the needs and care of these sexual assault survivors may extend beyond the SANE. For this reason, it is important that the SANE function as a part of a Sexual Assault Response Team (SART).

A SART is a multidisciplinary approach or a group of professionals dedicated to responding to victims of sexual violence who report within 96 hours. At a minimum, a SART should include a SANE or physician, law enforcement official, and a sexual violence victim advocate. Some teams include representatives from the Commonwealth’s Attorney office, crime laboratory personnel, and clergy members. A SART has two primary purposes: to limit further trauma to victims and to improve the quality of evidence collections and investigation.

Kentucky communities have choices on how to operate a SART, i.e., whether the team should be based in a hospital, law enforcement agency, or victim service agency. Many communities across Kentucky have developed collaboration among the multidisciplinary team members but have not formalized a SART program.

The 40-hour SART Training curriculum (KBN Approved Course 5) meets the didactic training requirement for the SANE as set forth in 201 KAR 20:411 and provides a unique team-building opportunity for the participants. SART Trainings, which are organized by the Kentucky Association of Sexual Assault Program’s (KASAP) Statewide SANE/SART Coordinator, are offered at locations across the state. For more information, visit www.kasap.org or contact:

Ruth Collins-Willard, RN, BSN, SANE, CFN
Statewide SANE/SART Coordinator
KASAP
PO Box 4028, Frankfort, KY 40604
Phone: 502-226-2704
or 1-866-375-2727 (toll-free)
Fax: 502-226-2725
or 1-866-945-2727 (toll-free)
Email: rcollins-willard@kasap.org
Change in Earning Periods for All Nurses

All nurses licensed by KBN must be able to provide validation of continuing education/competency for each yearly earning period. LPNs began the yearly renewal of license this past October. RNs will begin the annual renewal process in July 2006. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the Kentucky Nursing Laws.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:
1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse’s practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.

Domestic Violence CE Requirement:
There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:
ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements:
The 2 hours of mandatory HIV/AIDS CE can be earned once every 10 years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:
All licensees are exempt from the CE/competency requirement for the

CONTINUING COMPETENCY REQUIREMENTS

by Mary Stewart, Continuing Competency Program Coordinator

<table>
<thead>
<tr>
<th>Earning Period</th>
<th>For Renewal By</th>
<th>#CE Hours</th>
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<td>14*</td>
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<tr>
<td>11/1/06 – 10/31/07</td>
<td>10/31/07</td>
<td>14 *</td>
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<tr>
<td>RNs</td>
<td></td>
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<tr>
<td>11/1/04 – 10/31/06</td>
<td>10/31/06</td>
<td>14 *</td>
</tr>
<tr>
<td>11/1/06 – 10/31/07</td>
<td>10/31/07</td>
<td>14 *</td>
</tr>
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*or equivalent

continued on page 24
Our nurses are such great teachers, the ones I have been assigned to work with are awesome.

Nikki Christian, OMHS Nurse

Nurses have numerous employment options. Sorting through offers and incentives can be challenging, especially for graduates with no previous nursing experience.

But for Nikki Christian it was a straightforward decision; the seasoned surgical technician knew where she wanted to put down her career roots.

"There was no question about where I wanted to work when I finished nursing school," said Christian, who worked at hospitals in the Owensboro region for six years, "falling in love" with nursing while observing nurses during her tenure in hospital operating rooms.

Christian, who came to work at OMHS as a nurse extern following her third semester of nursing school, worked seven months in the Coronary Care Unit. Today, she is a nurse graduate and is a full-time Intensive Care nurse. She considers nurses at OMHS a significant part of her education.

"Our nurses are such great teachers," she said. "The ones I have been assigned to work with are awesome."

The next steps for Christian include a bachelor of science in nursing and eventually becoming a nurse anesthetist. But she said she knows where she wants to be.

"This is my home, that’s for sure."

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- Competitive Salaries
- Tuition Assistance
- Full Benefit Package
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CONTINUING COMPETENCY REQUIREMENTS

first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

**Academic (College Credit) Courses Used to Meet CE Requirements:**
College courses, designated by a nursing course number, and courses in physical and social sciences (i.e., Psychology, Biology, and Sociology) may be used to meet CE requirements. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable for nursing CE. Nor are CPR/BLS, in-service education, or nurse aide training. ACLS or PALS courses are acceptable for CE hours if given by an approved provider. If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course at a cost of $10. The application must be submitted to KBN by 11/30 of the licensure year.

**Changes in Licensure Regulations Pertaining to Refresher Courses:**
Changes have been made to KBN Administrative Regulations 201 KAR 20:095, 110, 225. All nurses wishing to endorse into Kentucky from another state, reinstate a lapsed license, or change their status from inactive to active should be aware of these changes. If you have not been engaged in nursing practice during the 5 years preceding the date of the application (for at least 500 hours), completion of an approved refresher course or the earning of 120 approved contact hours will be required. KBN approved providers offering refresher courses are listed on the KBN website. Refresher courses approved by other boards of nursing are also accepted. Contact the individual providers for detailed information.

Additional information about CE/competency can be found on the KBN website at [http://kbn.ky.gov/education/ce.htm](http://kbn.ky.gov/education/ce.htm).
Exhausted Workforce Increases the Risk of Errors


If you work in healthcare, then you’ve experienced it: that mind numbing, body-draining fatigue that makes it difficult or impossible to stay focused on the task at hand or to remain vigilant toward patient safety. Perhaps you can relate to the following all-too-typical scenarios:

A nurse who, after a busy 12-hour day, is required to stay another 4 hours to assist in the care of a patient who has unexpectedly developed serious complications; the nurse then returns early the next morning for another scheduled 12-hour shift.

A nurse who, fighting to stay awake at 5:30 am, 11.5 hours after the beginning of his shift, is now required to prepare several complex emergency IV admixtures for an influx of trauma patients, keeping him onsite for 2 additional hours.

An on-call nurse anesthetist who, after working 9 hours in the OR, is called back to the hospital to assist with an emergency surgical procedure that lasts into the night, only to return to the hospital the following morning for another 8 hours in the OR.

Long work hours and the fatigue that results represent a serious threat to patient safety. The detrimental effects of fatigue on performance (see Table below) are well documented. In fact, prolonged wakefulness can degrade performance, leaving a healthcare provider with the equivalent of a blood alcohol concentration of 0.1%, which is above the legal limit for driving in most states. When fatigued, performance is also quite variable. One moment it’s good, and the next moment perceptions of reality begin to disengage during microsleeps.

Microsleeps are intermittent lapses in consciousness that last seconds to a few minutes. They are caused by the physiological drive to sleep and occur with the eyes open and without the knowledge of the individual. Microsleeps impair performance, often leading to errors due to missed information, or even loss of situational awareness. In one study, a videotaped, sleep-deprived anesthesiologist exhibited behaviors indicative of microsleeps during 30% of a 4-hour case!

Other industries have taken action to defend against the effects of fatigue. Yet the healthcare industry in general has largely disregarded the problem, especially with the ongoing shortages of nurses and other licensed practitioners. The 2003 report, Keeping Patients Safe: Transforming the Work Environment of Nurses, recommends that nurses work no more than 12 hours a day and 60 hours per week, in any combination of scheduled shifts, or mandatory or voluntary overtime.

However, more needs to be done. See checkout for suggestions to reduce fatigue in the workplace.

References may be found at: www.ismp.org/NursingArticles/2005_12_01.htm.
LPN Scope of Intravenous Therapy Practice

During the February meeting, the Board approved proposed changes to the administrative regulation governing the licensed practical nursing intravenous therapy scope of practice (201 KAR 20:490). The changes will be submitted to the Administrative Regulations Review Subcommittee of the legislature this spring and should become final this summer. Following approval of the proposed changes, the regulation will be posted on KBN’s website.

In the regulation, the Board clarified that the removal of a non-coring needle from an implanted venous port is within the scope of licensed practical nursing practice when the LPN has completed the educational preparation required in Section 2 of the regulation. The insertion of a non-coring needle into an implanted port, however, is not within the scope of licensed practical nursing practice.

KBN Nursing Laws and Leadership Programs

In the Fall 2005 edition of the KBN Connection, KBN requested sponsors/host sites for its laws and leadership program. Appreciation is expressed to those sites that have contacted KBN expressing interest in hosting the program. Ephraim McDowell Regional Medical Center, Danville, hosted the program on February 16, 2006. Very positive evaluation comments were received about the program.

The next three programs have been scheduled as follows:

May 18, 2006
Hosts: Muhlenberg Community Hospital and Owensboro Mercy Health Systems
Program Site: Greenville, Kentucky

August 17, 2006
Host: King’s Daughters Medical Center, Ashland, Kentucky

August 31, 2006
Host: Central Baptist Hospital, Lexington, Kentucky

More information about the programs can be found on KBN’s website.
### NCLEX Pass Rates For Kentucky

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Graduates</th>
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<td>329</td>
<td>456</td>
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<tr>
<td>Passing</td>
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<td>336</td>
<td>344</td>
<td>288</td>
<td>425</td>
<td>625</td>
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<td>362</td>
<td>323</td>
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<td>National Pass Rate Average</td>
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<td>Kentucky Pass Rate Average</td>
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<td>90%</td>
<td>88%</td>
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<td>95%</td>
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<tr>
<td>National Pass Rate Average</td>
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<td>86%</td>
<td>88%</td>
<td>89%</td>
<td>90%</td>
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Since the publication of the winter edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws. A report that contains a more extensive list of disciplinary actions is available on the KBN website at http://kbn.ky.gov/kbn/downloads/discipline.pdf. If you need additional information, contact KBN’s Consumer Protection Branch at 502-429-3300.

**LICENSE DENIED**

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Patneaude, Pamela J. Dolloff</td>
<td>LPN Applicant/Endorsement</td>
<td>Somerset KY</td>
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**LICENSE PERMANENTLY SURRENDERED**

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<tbody>
<tr>
<td>Jones, Sheldon Leroy</td>
<td>LPN #2032139</td>
<td>Louisville KY</td>
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**LICENSE REVOKED**

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<tr>
<td>Robinson, Cindy Lee Lane</td>
<td>RN #1086160</td>
<td>Lawrenceburg KY</td>
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**IMMEDIATE TEMPORARY SUSPENSION OF LICENSE**

- Banks, Bobby W. | RN #1101959 | Thornton KY | 1/26/06 |
- Blevins, Angela D. | LPN #2036994 | Crescent Springs KY | 2/10/06 |
- Browning, Leslie B. | RN #1073596 | Versailles KY | 2/13/06 |
- Cole, Connie S. Miracle | LPN #2022455 | Virgie KY | 2/10/06 |
- Combs, Madonna Gwen Polly | RN #1086984 | Jenkins KY | 2/23/06 |
- Farrington, Gloria Mae | LPN #2034039 | Bronston KY | 2/10/06 |
- Miller, Carole Ann Davis | LPN #2006943 | Alexandria KY | 2/10/06 |
- Rightmyer, Bobbi D. Sallee | RN #1066962 | Harrodsburg KY | 2/15/06 |
- Santos, Rhonda Angelita Searles | RN #1095995 | Louisville KY | 1/26/06 |
- Taylor, Mary D. Walters | RN #1068545 | Pikeville KY | 2/17/06 |
- Woods, Lisa Kay Major | RN #1080202 | Nicholasville KY | 2/13/06 |

**LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM**

- Adams, Beverly K. Hopkins | RN #1069060 | Sweetwater TN | 1/10/06 |
- Brill, Susan K. Pearl Webb | LPN #2032924 | Grand Rivers KY | 2/28/06 |
- Henderson, Rhonda K. Wilder | RN #1071389 | Corbin KY | 1/21/06 |
- Selhorst, Daneen C. Jones | RN #1071035 | Louisville KY | 1/10/06 |

**LICENSE SUSPENDED**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Copeland, Kathy A.</td>
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<td>Cothern, Steven G.</td>
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<tr>
<td>Robinson, Cindy Lee Lane</td>
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<tr>
<td>Jones, Jackie D. Mosier</td>
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<td>LPN #2024755</td>
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<tr>
<td>Rogers, Dana R. Benham</td>
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<tr>
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<td>LPN #2035957</td>
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**LICENSE/CREDSRMENT CONTINUED ON SUSPENSION**

- Adkins, Stephanie Fletcher | LPN #2036125 | Virgie KY | 2/24/06 |
- Brown, Sandra Y. | DT Credential #8000053 | Louisville KY | 2/24/06 |
- Campbell, Katherine Day | LPN #2023271 | WootOn Ky | 2/24/06 |
- Cox, Susan R. Youngblood | RN #1053261 | KuHawa KY | 12/9/05 |
- Halcomb, Pamela Ann Sturgill | LPN #2028617 | Hazard KY | 12/9/05 |
- Harmon, Dana K. | LPN #2026434 | Sharpsburg KY | 2/24/06 |
- Holbrouks, Ronetta Ratliff | LPN #2028361 | Rockhouse KY | 2/24/06 |
- Holub, Philip A. | LPN #2025255 | Louisville KY | 12/9/05 |
- Lancaster, Shawna | LPN #2038163 | Somerset KY | 2/24/06 |
- Weaver, Sherry Ann | LPN #2030879 | Lexington KY | 12/9/05 |

* License has not been returned to KBN
LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

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<tbody>
<tr>
<td>Benner, Paul Jennings</td>
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<td>Browning, Gloria Jean Swiger</td>
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<td>Cook, Constance Clara Wilson</td>
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<td>Marion KY</td>
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<td>Davis, Kartrinnia Johnette Bryant</td>
<td>RN #1095185</td>
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<td>Holland, Nelva Ima Jean</td>
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<td>Bonnyman KY</td>
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<td>Mallory, Cindy J. Williams</td>
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<td>Olmstead KY</td>
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<td>McDaniel, Rockie C. ARNP #2331-P</td>
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<td>McPherson, Leigh Michelle Coughlin</td>
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<td>Ratliff, April Dawn Martin</td>
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<td>Reilly, Tracy Lee Carmichael</td>
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<td>Wortham, Catherine Merie</td>
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LICENSE DENIED REINSTATEMENT

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<td>Adler, Joetta L. Dorris</td>
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<td>Blanton, Barbara Ann</td>
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LICENSE SUSPENDED AND STAYED LIMITED/PROBATED

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<td>Bohn, Patricia M. Thompson</td>
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<td>Riley, Debra Sue Bowman</td>
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LICENSE TO BE REINSTATED LIMITED/PROBATED

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LICENSE LIMITED/PROBATED

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REPRIMAND

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<td>Taylor, Theresa L.</td>
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REINSTATEMENT FOR LICENSURE GRANTED

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<td>Barfield, Charles</td>
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CONSENT DECREES ENTERED DECEMBER 12, 2005 – MARCH 9, 2006

| Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration | 2 |
| Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license | 3 |

LICENSES REMOVED FROM PROBATION DECEMBER 12, 2005 – MARCH 9, 2006

| MANDATORY ONLINE LICENSE RENEWAL BEGINS JULY 1, 2006 | (see p. 18) |

* License has not been returned to KBN
Indiana Wesleyan University is hiring Nursing instructors to teach classes in the rapidly growing Louisville and Lexington campuses.

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—Nursing Experience
—A Heart for God
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I feel your pain/joy.
Stephen P. Imhoff
Attorney at Law
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Louisville, Kentucky 40206
(502) 899-2414
www.imhoffinjurylaw.com
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- Tuition Reimbursement
- 403(b) Plan
- Retirement Plan
- Long and Short-term Disability
- Employee Recognition Programs

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Creating The Knowledge To Heal

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Opportunities are available to become part of a team that has a reputation for quality care. KDMC is one of America’s Top 100 Hospitals and offers very competitive salaries and an outstanding flex benefits package—including an on-site Child Development Center serving newborns, infants and children through preschool age.

For immediate consideration or to review available positions, please visit our web site at www.kdmc.com, to submit an application.