



ASBN *Update*

April/May 2019 • Volume 23 • Number 2 • www.arsbn.org



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In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.

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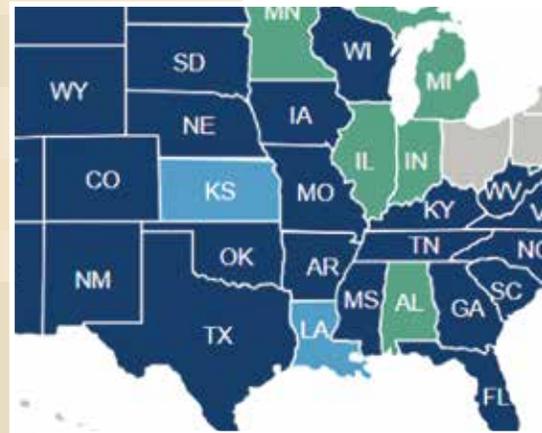
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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.



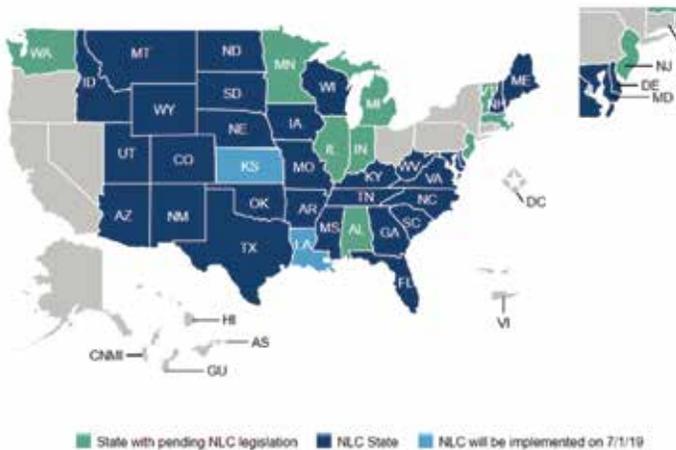


Nurse Licensure Compact

In 2000 Arkansas entered the Nurse Licensure Compact. Over the years there have been changes to the Compact, as well as additional states joining. The Compact allows registered nurses and licensed practical nurses with a multistate license to practice physically, electronically and/or telephonically in every state that is a member.

The number of participating states continues to grow as legislation is passed. The map below shows the current compact states in dark blue, states which will implement the compact on July 1, 2019, in light blue and states with pending legislation in green.

Current NLC States and Status



Not all licensed nurses have a multistate license. The nurse with a single state license can only practice in Arkansas unless they hold a current license in another state. The easiest and quickest way to determine what state a nurse can practice in is by looking up their licensure status on www.nursys.com

using the Quick Confirm license lookup. The website provides a list and a map of states showing which states the nurse has the ability to practice nursing.

For a nurse to hold a multistate license, they must claim a compact state as their primary state of residence (PSOR). By law, a nurse can only have one PSOR. If the board has questions related to the nurse's PSOR, the nurse will be required to submit specific evidence, such as:

- Driver's license with a home address;
- Voter registration card with home address;
- Federal income tax return with a PSOR declaration;
- Military form No. 2058; or
- W2 from the U.S. Government or any bureau, division, or agency thereof, indicating residence.

Remember, nursing practice occurs where the patient is located. When practicing at the bedside no one ever thinks about this. However, when practice occurs telephonically or electronically the nurse must be aware of where the patient is located. If the patient is located in a noncompact state, the nurse must have a license from that state. In addition, the nurse must adhere to the laws and regulations of the state where the patient is located.

The statutory requirements for the Compact can be found in the *Nurse Practice Act*, §17-87-601 et seq., and the related rules are in the *ASBN Rules*, Chapter 2, Section III.

The Compact continues to grow and, hopefully, in the near future all states will be a member.



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PROJECTED NURSING SHORTAGE "CRITICAL" BY 2030

We have been hearing about the nursing shortage for quite some time. I have heard people say, "We don't have a nursing shortage," but I believe, like most things, it depends on your viewpoint. There are areas in our state where the number of nurses per 1,000 population is greater than the national rate, but we have many other areas where we are below the national level. Urban areas tend to draw a larger number of nurses than rural Arkansas. Nurses tend to stay local, so providing opportunities for education in those areas are vital. We also see certain specialty areas that experience a larger shortage than others, particularly labor and delivery and critical care nurses.

Research has shown there are a number of reasons for the nursing shortage. The aging population is one cause. We now have more Americans over the age of 65 than in any other time in history (Grant, 2016), and with increased age comes an increase in health-related conditions, requiring additional nursing care.

An aging workforce adds to the shortage. The slow economy had delayed the retirement of baby boomers, but we are now seeing those individuals retire from the workforce. Currently, one third of the nursing workforce in the U.S., approximately one million registered nurses, are over the age of 50 and will be retiring in the next 10-15 years (Grant, 2016).

Other reasons for the nursing shortage include nurse burnout; career versus family with nurses leaving the workforce, even temporarily to raise their families; staffing ratios; technology; and an increase in violence in the healthcare setting are all contributing to the shortage.

One significant area experiencing

shortages is nursing faculty. In Arkansas in 2017, data collected by the Arkansas Center for Nursing (ACN) reported 949 nurse faculty in our state with 614 over 50 years of age. Meaning, we could see 64.6 percent of nursing faculty retire over the next 10-15 years, leaving a critical shortage.

This contributes to the overall nursing shortage in the state by limiting educational program enrollment numbers. According to a report by the American Association of Colleges of Nursing (Grant, 2016), "U.S. nursing schools turned away 79,569 qualified applicants from baccalaureate and graduate nursing programs in 2012 due to insufficient number of faculty, clinical site, classroom space, clinical preceptors, and budget constraints." With most nursing faculty positions requiring a master's or doctoral degree, it is more difficult to replace someone, leaving those positions vacant for extended periods of time. According to a report from the ACN in October of 2017, of the 56 nursing programs in the state, 3905 students were accepted, while 1954, or 33.3 percent, of qualified students were turned away due to lack of faculty,

clinical space and resources.

While nurses in Arkansas have continued to advance their education, there has been a dramatic increase in the number of certified nurse practitioners in Arkansas since 2014. At the time of the ACN report in October of 2017, we had over 55,000 licensed nurses in Arkansas, with 3,600 nurses holding an advanced practice registered nurse license in our state. Where we are not seeing the increase is in academia.

I encourage the nurses in Arkansas to continue to advance their nursing education. However, I challenge you to consider obtaining a degree in nursing education and becoming a nursing faculty member. I have been in nursing education for over 15 years. I calculated being involved in the education of over 1,200 nurses in that time span. If each of those nurses work three 12-hour shifts a week, averaging eight patients per shift, working 50 weeks out of the year, then I have had a part in making a difference in the health of — well, thousands of Arkansans. Consider academia. It is a very rewarding career!

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Special Notice about the Arkansas State Board of Nursing Magazine

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the *ASBN Update's* contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.



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Seated, L to R: Lance Lindow, RN, Vice President; Ramonda Housh, APRN, President; Kaci Bohn, Ph.D., Consumer Representative, Secretary; Janice Ivers, RN, Treasurer

2019 BOARD DATES

- June 6 . . Board Strategic Planning
- July 10Hearings
- July 11Hearings
- August 21-23 . . . NCSBN Annual Meeting, Chicago, IL
- September 11Hearings
- September 12 . . Business Meeting
- October 9Hearings
- October 10Hearings
- November 13Hearings
- November 14Hearings

Continuing Education Cruise

Tammy Vaughn, MSN, RN, CNE
ASBN Program Coordinator



Nurses traveled from eleven different states to “Cruise the Seas to Earn Nursing CE’s” on Carnival’s biggest ship, the Vista. The 11th nursing continuing education cruise, sponsored by Publishing Concepts, Inc. (PCI), set sail from Galveston on March 31 for seven beautiful days in the Caribbean. Participants visited three tropical destinations; Honduras, Belize and Cozumel and spent two days at sea listening to topics on Human Trafficking, Pharmacology, Wellness, Medical Marijuana, Social Media, Women’s Health and Legal/Ethical Nursing Practice. The continuing education (CE) was provided by the Arkansas State Board of Nursing (ASBN). Conference speakers were **Tammy Vaughn, MSN, RN CNE**, Program Coordinator for Education with the ASBN, **Kaci Bohn, PhD**, ASBN Consumer

Member and Harding University College of Pharmacy Associate Professor, and **Kathy Shipp, MSN, RN, FNP**, President of the Texas Board of Nursing and Faculty at West Texas A&M University.

Conference participants not only had the opportunity to learn at sea but also to network with other nurses around the Unites States. As one participant commented “I’ve made friendships and nursing contacts to last a lifetime.” Another commented “that there is no better way to earn required nursing CE than to earn it in this way and be forced to relax and take time for myself.” Most of the participants stated they would definitely attend future CE cruises and recommend to others.

Be sure and watch the *ASBN Update* for future continuing education opportunities.



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What is ArNAP?

As you read in the last *ASBN Update*, The Arkansas State Board of Nursing (ASBN) is pleased to announce that the Arkansas Nurses Alternative [to Discipline] Program (ArNAP), which was legislatively created in 2017 under the laws of the State of Arkansas, has been fully implemented. The Board accepted its first participants into ArNAP in December 2018. Nurses are currently being screened for eligibility into this voluntary program.

ArNAP is an abstinence-based, non-public alternative to discipline program for Arkansas nurses (and those who are eligible for licensure), who acknowledge they have a drug or alcohol problem or addiction. The nurse enters ArNAP in lieu of discipline. Nurses who have prior disciplinary action for substance abuse, drug diversion, diverted drugs for reasons other than self-administration, or engaged in behaviors resulting in patient harm, are not eligible to participate in ArNAP.

Upon entering ArNAP, the nurse enters into an agreement acknowledging a drug or alcohol problem or addiction and a violation of the *Nurse Practice Act*. The nurse, at that time, also agrees to place their nursing license on an inactive status and obtain an in-depth psychological and addictive evaluation by a Board-approved evaluator. Some nurses may choose to enter a Board approved treatment center and forgo a separate evaluation. By requiring the nurse to place their licensure on an inactive status, it accomplishes two major goals: protecting the public by removing the nurse from practice until they are considered safe to return to practice, and

allowing the nurse time to seek the help they need.

Once the evaluation report has been reviewed, the nurse is required to sign an ArNAP Contract. The terms and conditions of the Contract are based upon the nurse's history, the evaluator's assessment, and any additional relevant information. Participation in ArNAP varies from one to five years. Additional terms and conditions of ArNAP include the following: 1) complying with treatment recommendations (i.e. therapy or counseling), 2) checking in daily for random observed drug screens, 3) abstaining from alcohol, illegal substances, controlled substances, and abuse potential substances, 4) complying with certain employment restrictions, 5) submitting required monthly self-reports, and 6) attending required meetings with ArNAP staff. Additional terms and conditions may include attending 12-step meetings such as AA, NA, or other Board approved treatment programs, submitting monthly prescription reports, or completing continuing education on topics, such as substance use disorder.

The ArNAP participant is responsible for all costs related to their participation in the program. With the nurse bearing the financial obligation of monthly monitoring, testing, and treatment recommendations, loss of income related to either job termination or their licensure being placed on inactive status is a significant fear. "How long will I have to be off work?" is a question that is asked often. The answer is not always going to be black and white. However, if a nurse is diagnosed with Substance Use

Disorder, they will be required to complete ninety days of treatment recommendations, ninety days of one hundred percent compliance with drug screen monitoring and testing, or both. If a nurse does not have a diagnosis of Substance Use Disorder, they may request to have their license reviewed for reinstatement at any time so that they may return to work. Prior to returning to work, ArNAP staff will have a discussion, either in person or via telephone, with the employer and the ArNAP participant to discuss the terms of the participant's contract, answer questions the employer may have, and discuss the employment restrictions that the participant is required to comply with.

With the opioid crisis at hand, now more than ever we need to be mindful that substance use disorder is a disease, not a moral failure or a character flaw. The American Nurses Association suggests that up to ten percent of nurses (RNs) may have a drug or alcohol problem.¹ That is significant! It is our hope that nurses who have a substance use problem, or know someone who has a problem, will speak up and request to enter ArNAP. Nurses who are able to successfully comply with the requirements of their ArNAP contract, will not have a permanent disciplinary flag on their license at the end of their ArNAP journey. No flag! They will be able to get the help they need while being monitored and supported, without the fear of having discipline on their license. Public protection for patients and support for recovering nurses who want help—now that is truly a win-win scenario!

For more information regarding ArNAP, contact Tonya Gierke, Assistant Director-ArNAP at 501.683.0016 or via email at tgi-erke@arsbn.org. The ArNAP Participant Handbook is located online at www.arsbn.org in PDF format and contains pertinent information for potential enrollees in the program.

¹https://journals.lww.com/nursing/Fulltext/2015/03000/The_sneaky_prevalence_of_substance_abuse_in.6.aspx

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DATA 2000 WAIVER, LICENSE RENEWAL AND CE REQUIREMENTS, PRESCRIPTION DRUG MONITORING PROGRAM AND MORE

DATA 2000 WAIVER

The DATA 2000 waiver is available to certain qualified APRNs. At this time nurse practitioners are the only APRN group able to apply. In order to qualify, the nurse practitioner must:

- Have completed the 24 hours of required training,
- Hold prescriptive authority through the Arkansas State Board of Nursing,
- Have a collaborative practice agreement (CPA) with a practicing physician who is licensed under the *Medical Practices Act* and holds a DATA 2000 waiver,
- Submit a collaborative practice agreement with required DATA Waiver language,
- Hold an active, unrestricted DEA certificate,
- Only prescribe to populations included in the APRN's area of education and certification, and
- Address medication assisted treatment for opioid use disorder in prescribing protocols.

The APRN must submit to the ASBN prior to prescribing:

- The completed certificate indicating the 24 hours of training,
- A completed CPA and quality assurance plan with the waiver language, and
- Evidence that the collaborating physician also holds the waiver.

Once all is received, the APRN will receive a letter indicating the above has been received and approved to prescribe after receiving the DEA certificate.

(DATA Waiver language for the collaborative practice agreement is on the ASBN website on the advanced practice page).

APRN LICENSE RENEWAL AND CONTINUING EDUCATION (CE) REQUIREMENTS

Effective immediately, the ASBN will no longer mail letters to APRNs (with prescriptive authority) outlining

the requirements for license renewal and CE requirements.

As a courtesy, ALL APRNs will continue to receive the two reminder cards. The cards indicate the need for renewal of the RN license (yellow card) and the APRN license (green card).

The license renewal and CE requirement instructions are located on the advanced practice page in the top upper left under APRN Documents.

Please be reminded that all APRNs with prescriptive authority must take the mandatory CE prior to each renewal. A new course is now online. You may access it though the Mandatory CE link located on the advanced practice page. APRNs receiving prescriptive authority after

December 31, 2015, must complete an additional one (1) hour CE, which is also located on the advanced practice page.

RN PRACTICE REQUIREMENT

Effective July 1, 2019, all new applicants for APRN licensure by examination must submit a notarized affidavit verifying the active practice of nursing as a registered nurse for a minimum of 2000 hours. This must be submitted prior to issuance of the initial APRN license.

PRESCRIPTION DRUG MONITORING PROGRAM

All APRNs holding a Drug Enforcement Administration (DEA) certificate must be registered with the



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Prescription Drug Monitoring Program (PDMP). Be advised that the PDMP must be checked by the provider writing the prescription. It is not acceptable to have a delegate pull all patients under a single provider's name. All APRNs must follow ASBN Rules, Chapter 4, Section VIII, K., related to the PDMP.

ADDRESS UPDATE

It is imperative that you keep your contact information up-to-date. You may do so with a link on the ASBN website.

DEA CERTIFICATES

Keep your file updated by sending us renewed DEA certificates as required. (ASBN Rules, Chapter 4, Section VIII, D.3.,d.)

ASBN RULES, CHAPTER 4

ASBN Rules, Chapter 4, has been linked to the advanced practice web page to facilitate the ease in finding and utilizing this document. It is under the APRN Documents to the far left of the page

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Caring for Chronic KIDNEY DISEASE PATIENTS

Gerren Hobby, MD;
Andrea Easom, MNSc, APRN;
and Manisha Singh, MD

More than 400,000 Arkansans have some degree of chronic kidney disease (CKD). On average, CKD patients have more than six symptoms across different organ systems and take more than eight medications. Rates of re-hospitalization are higher than for patients without diagnosed CKD. Patients often face less care and treatment support because of low awareness of CKD symptoms, disease course and outcomes.

The most common causes of CKD are diabetes and hypertension. Other risk factors include: African-American descent, older age, low birth weight, family history of CKD, smoking, obesity, analgesic medications, exposure to heavy metals, excessive alcohol consumption, acute kidney injury, cardiovascular disease, hyperlipidemia, metabolic syndrome, hepatitis C, HIV infection and malignancies. Coronary artery disease is common in CKD patients.

CKD is defined by the presence of kidney damage or decreased kidney function for at least three months based on documentation or interference. Kidney damage is defined by albuminuria >30mg/24 hours, urine sediment abnormalities, electrolyte abnormalities due to tubular disorders, abnormalities shown on renal histology and structural abnormalities shown on imaging. Kidney transplant also qualifies as CKD.

Staging CKD - The classification CKD is defined from estimated glomerular filtration rate (eGFR):

- **Stage 1:** eGFR >90 mL/min/1.73m² (must meet non-eGFR criterion for CKD) mild kidney damage
- **Stage 2:** eGFR 60-89 mL/

min/1.73m² (must meet non-eGFR criterion) mild kidney damage

- **Stage 3:** eGFR 30-59 mL/min/1.73m² moderately damaged
- **Stage 4:** eGFR 15-29 mL/min/1.73m² moderately or severely damaged
- **Stage 5:** eGFR <15 mL/min/1.73m² close to failure or have completely failed
- **Stage 5D:** end stage renal disease (ESRD): permanent renal failure

Dialysis patients have an adjusted one-year survival rate of 76 percent; dropping to 36 percent at five years. Dialysis can be provided via different paths:

- **In-center hemodialysis (IHD), the most common and expensive, involves three-to-four-hour treatments, three times weekly.**
- **Home dialysis (HOD) provides patient autonomy, the convenience of home, diet liberalization, ability to continue employment, better clinical outcomes, higher patient satisfaction and saves about \$19,000 per patient, per year. It most closely mimics the body's natural physiological renal clearance, with more frequent and longer dialysis.**
- **HOD can be administered via peritoneal dialysis (PD), using the peritoneal membrane as a filter; no blood or needles are involved.**
- **Home hemodialysis (HHD) usually provides shorter but more frequent dialysis using patient-friendly machines.**

Kidney transplantation, with a living or deceased donor, usually occurs after patients are on dialysis. Preemptive kidney transplant can

occur before dialysis is required.

Palliative care can be discussed along with treatment goals. The burden of chronic disease or frequent hospitalizations prevents an acceptable quality of life for some patients. Renal failure compounds this situation and dialysis does not always increase quality of life or longevity. A study published in *Kidney International* examined the quality of life of patients with advanced CKD. Patients reported a poor quality of life; 61 percent regretted their decision to start dialysis.

Awareness of CKD is low. In a large managed-care cohort of CKD patients, physician documentation of CKD was 14.4 percent. In a survey of high-risk, urban, African-American adults, less than 3 percent named kidney disease as an important health problem, compared to 61 percent and 55 percent naming hypertension and diabetes, respectively. Even among advanced-stage patients, less than half were aware of their disease.

Primary care nurses' responsibility to improve CKD-patient care includes:

- Educate patients about the importance of keeping their blood pressure under control to prevent CKD progression.
- Encourage home blood pressure monitoring.
- Educate about maintaining a good glycaemia control to slow CKD progression.
- Advise about the importance of healthy eating and regular exercise.

The authors practice in the Div. of Nephrology, Dept. of Internal Medicine, UAMS.

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Catch Me If You Can!

Karen McCumpsey, MNSc, RN, CNE,
ASBN Assistant Director



The Art of Identifying Nursing Imposters

I have always admired an artist's ability to create masterful renditions of works of art; amateur and professional artists learn through imitation of the artists they most admire. The step-by-step process to recreate a work of art enhances newfound talent and facilitates orientation into the vocation. In the art arena, this type of imitation is an accepted method of learning. However, when an individual uses fraud or deceit to represent an artist's work as their own, it is considered art forgery; basically an imitation intended to benefit the fraudulent impersonator.

Imposters exist within other vocations, such as the nursing profession. Nurse imposters can penetrate the profession by fraudulently representing themselves to the State Board of Nursing or to employers. Consequently, they violate the integrity of the profession and jeopardize patient welfare.

In her article, *A Violation in Trust: Impostor Nurses*, Sheets (2006) identified three categories of nurse imposters, including those who practice as a nurse but are not legally authorized to be a nurse, those who fraudulently obtain licensure based on false credentials, and those who practice by assuming the identity of a properly licensed nurse (identity theft). The Arkansas State Board of Nursing has taken action on individuals who have deceptively represented themselves as a nurse to the Board, as well as to employers.

The peak months of graduation have arrived. Graduates have com-

pleted an intense nursing education program and are enthusiastically applying for jobs and preparing to take the National Council Licensure Examination (NCLEX®) in hopes of obtaining licensure. It is definitely an exciting time as employers hire potential nurses in anticipation of filling much needed staffing positions. An employer may hire a new graduate in anticipation of NCLEX passage and there is nothing wrong with this practice, as long as the employer keeps some very important things in mind before allowing a new graduate to practice nursing. However, cases before the Board identify that some graduates begin working in positions that require a nursing license but they do not have a valid temporary permit, valid license or credentials or they have failed the NCLEX and continued to practice nursing. These are one type of example of individuals who practice as a nurse but are not legally authorized to be a nurse. One such individual is discussed in the following case study.

Case Study

Mr. J graduated from a nursing education program and made application to sit for the NCLEX exam. The Board was contacted by an individual who was conducting an audit at a long term care facility. The auditor requested licensure information on Mr. J. Mr. J never requested, nor was he issued a temporary permit, and he had taken the NCLEX RN but failed. Mr. J was hired as a registered nurse and worked to the full scope of prac-

tice for nine months. He never provided his employer licensure information and the employer never verified credentials, licensure status or ability to practice. Mr. J subsequently appeared before the Board and was denied the ability to take NCLEX.

Case Study Discussion

Individuals who have completed the requirements of a nursing education program and graduated are not licensed and do not have the privilege to practice as a licensed nurse until they have successfully passed the NCLEX. Mr. J deceptively represented himself to the employer. However, the employer should verify licensure status by accessing the ASBN registry search.

New graduates are eligible to apply for a temporary permit to practice nursing while waiting to take the licensure examination. The temporary permit shall be issued only within the first three months following graduation and expires in 90 days or as soon as the examination results (pass or fail) are distributed. The Arkansas and the FBI Criminal Background checks must have cleared and the graduate must be registered at the NCLEX Testing Service prior to issuance of the temporary permit. A graduate who has answered yes to any of the five questions on the Examination Application or has a positive background check will not have a temporary permit issued until they have been cleared by Board staff.

A work of art is unique to an artist; although difficult the masterpiece can be evaluated according to standard criteria to validate its originality

and potentially minimize the impact of forgery. There is an assortment of ways that an individual can deceptively gain access to the nursing profession but attempting to distinguish the validity of a nurse need not be as challenging as detecting art forgery. There are various safeguards that employers can incorporate into their hiring process to potentially guard against.

1. It is vital for employers to validate the credentials of their nursing employees by verifying licensure status before letting an employee work. An individual should not be allowed to work in a nursing capacity until the employer verifies a nursing license via www.arsbn.org and clicking on the License Verification link under Other Online Services. The following options are available for verification of an Arkansas nursing license:

- **Nursys® Nurses' verification.**

The Nursys licensure and disciplinary database is the repository of data provided directly from the Arkansas State Board of Nursing and is primary source equivalent. For participating states, go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.

NOTE: To verify Arkansas RNP and LPTN licenses you must access the ASBN Registry Search.

- **ASBN Registry Search.** Go to <https://www.ark.org/arsbn/statuswatch/index.php/nurse/search/new>

2. If a facility requires that a photocopy of the nursing license is placed in an employee's file, the employer is encouraged to make the copy directly from Nursys or the registry. Do not accept a photocopy that an individual submits. Photocopies are easily altered and potentially fraudulent.

3. Do not accept the blue license

card, issued by the Board, as verification of licensure. Again, refer to the primary source of license verification. Remember that graduates are not issued a paper temporary permit. The employer should check for the status of a temporary permit as identified in number 1 herein.

4. If a position requires a specific degree, require proof of the degree. Contact the Board of Nursing in a state where a school is located if you have concerns regarding the validity of a program or credentials.

5. Examine and meticulously compare an individual's resume and job application (gaps, name differences, etc.). Require clarification for inconsistencies.

6. Remain diligent. Do not accept excuses from an individual who cannot produce verifiable information. If the individual is hired and enters the work environment, observe that

the level of skills they demonstrate reflects the level of knowledge and experience that they claim to possess.

7. Report suspected instances of fraudulent practice via accessing the online ASBN complaint process. Frequently check the ASBN website and *ASBN Update* for information and disciplined individuals.

The mission of the ASBN is to protect the public and act as their advocate by effectively regulating the practice of nursing. The Board will strive to continue to shield the public from potential impostors via providing a method for primary source verification and persistently investigating any individuals that attempt to practice nursing fraudulently.

REFERENCE

Sheets, V. (2006). A Violation of Trust: Impostor Nurses. *Alternative Journal of Nursing*, 8, 50-52.

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CELEBRATING NURSING!

Celebrating Nurses was the theme of the 14th Annual Nursing Expo held at the Jack Stephens Center on April 13th, 2019. It was the largest Think Nursing Expo ever! The Think Nurse Expo had a vast variety of employment opportunities with on-site interviews and job offers. Schools and recruiters from across the state were available to answer questions and provide insight for those interested in an occupation in nursing or furthering their education. There was plenty of great shopping and give aways, including drawings for nursing scholarships.

Mark your calendar now for 15th annual Nursing Expo, April 4, 2020.



Congratulations to

**Ms.
Larronda
Rainey**

**on Winning the 2019
Nurse Educator
of the Year Award!**



DEAR COMMITTEE,

It is my honor to nominate Ms. Larronda Rainey, MSN, RN for the Arkansas Outstanding Nurse Educator Award for 2019. Rarely in my 30 years as a faculty member and associate dean have I known someone who exemplifies the care and compassion toward students and their success, as Larronda Rainey does. Larronda has been the director and primary investigator for two grants that have provided significant funding for student education. While leading the Arkansas Partnership for Nursing's Future grant, training as Certified Nursing Assistant, Licensed Practical Nurses. And baccalaureate prepared Resisted Nurses. This funding made possible career and educational paths for hundreds of students that would not ordinarily have been feasible. In addition, Larronda facilitated development of

Arkansas' first on-line training for individuals in nursing education as a profession. This training comprised over 214 participants which significantly contributed to the number of nurses qualified to serve as future nurse educators in Arkansas. This program received national attention with participants across the country. Larronda's contributions to nursing education did not stop there. She also served as leader of the Growing Our Own in the Delta (GOOD) grant, which contributed to a substantial increase in the number of practitioners in the Delta region of Arkansas. This region of Arkansas has historically been designated as a medically underserved area due to a shortage of healthcare professionals. Larronda's dedication and compassion for students has greatly impacted nursing education and the nursing profession throughout Arkansas.

Congratulations to

**Ms.
Judith
Ann
Whitlow**

**on Winning the 2019
Compassionate Nurse
of the Year Award!**



DEAR COMMITTEE,

Judy has been a nurse at Mitchell's Nursing home for many, many years and consistently shows compassion and dedication to "her" residents (as she calls them). Judy received her licenses 44 years ago in March of 1975.

I have often commented to Judy that she could probably find a less physically demanding position outside of her employment at a skilled nursing facility. She always responds, her patients have become like family, she knows what they need, what they deserve and wants to do what she can to assure they are well cared for. Weather and travel issues, especially during the winter months often provide additional challenges, especially when the facility is in a very rural area. Judy's normal travel time is approximately 25 minutes but in winter weather condition can be greatly prolonged as the commute takes her through the Quachita National Forest.

If the weather calls for winter precipitation, Judy will sleep at the nursing home, in her car with a heated blanket to be available for her shift the following day(s). Absence of other nurses often leads to Judy working beyond her scheduled 8-hour

shift, sometimes working 16 hours in order to provide the care her patients require. This past fall, Judy's dedication and compassion to her patients/residents was revealed in a very challenging circumstance. Through a freak accident, Judy boke both bones in her left lower leg, near the ankle, requiring emergency orthopedic surgery to repair the multiple fractures. Her orthopedic surgeon advised her she would be non-weight bearing for 6-weeks. 10 days after surgery, Judy returned to her position, in a wheelchair, so she could provide care to her patients. Though she was not able to perform some of her duties due to her limited mobility, she was able to oversee her patients' care and take on extra desk duty for those nurses who had to perform some of the treatments her patients required. Some skilled nursing facilities receive bad press. However, if every facility had such dedicated nurses as Judy this would not be the case. She treats every one of her patients as if they were her loved ones, going above and beyond, even sacrificing personal comfort to ensure that they receive the care and respect they deserve. Judy is a shining example of someone deserving the Nursing Compassion Award and she inspires me every day.



Natural Products- Are they safe for my license?

In the last several years, there has been a growth in consumption of “natural” products to increase wellness. Many health food stores advertise the use of hemp oil containing products. Last year, consumer sales of Cannabidiol, also known as CBD products, topped \$350 million in the United States, more than triple the amount sold in 2014, and various estimates predict the market could reach \$2 billion within the next two to four years. The question board staff is frequently asked is whether a nurse may consume these products. THE ANSWER IS MAYBE. In 2017, Arkansas passed the Medical Marijuana Act. Nurses are also asking if they may obtain a medical marijuana card. Again, the answer is MAYBE.

HEMP OIL

Hemp is derived from industrial hemp, a variety of the plant species *Cannabis sativa L* that has a lower concentration of the psychoactive substance tetrahydrocannabinol (THC) compared to marijuana, found in the *Cannabis sativa* plant, which has high levels of a THC precursor. For hemp to be sold legally, the amount of THC in hemp is supposed to be less than 0.3 percent. Users of hemp oil claim it is useful because it is rich in antioxidants and omega 3 and 6 fatty acids. Hemp oil has become a staple in many kitchens due to its low saturated fat. Due to its high vitamin E content, hemp oil is also found in shampoos, soaps, and body lotions. Will the nurse test positive for THC if hemp oil is used as a health food supplement? Studies have shown that eating hemp foods can cause

screening and confirmed positive results in urine specimens. Study results published as early as 1997, by Fortner, Fogerson, Lindman, Iverson, and Armbruster, found ingestion of hemp seed food products resulted in urine specimens that screened positive for marijuana. Nurses have claimed that they only used hemp oil when urine tests were positive for THC when the employer requested random or for-cause drug testing. Ultimately, a positive THC test is a positive THC test.

Take away - *As a licensed nurse, you are taking a professional risk by consuming hemp oil and products containing the same.*

CBD Oil

Cannabidiol is referred to as CBD oil and is a natural component found in cannabis plants. CBD is a non-psychoactive compound found in hemp, a version of the cannabis plant that is low in THC and is one of many chemicals found in the cannabis plant. CBD is derived from the stalks, leaves and buds of the hemp plant, which have a significant content of cannabidiol. If the nurse consumes excess CBD oil, a positive THC test may result. In some states, CBD oil may be allowed to contain up to 5 percent THC. CBD oil sold at a health food store in Chicago, tested by one of the Board’s toxicologists, was found to contain about 9 percent THC. Therefore, a person using CBD oil with higher concentrations WILL show positive urine tests for THC. CBD product companies use different CBD sources, extraction methods, and production techniques – and not all resulting prod-

ucts are created equal. Nurses will have to do their own research to determine which companies the nurse is willing to trust. The U.S. Drug Enforcement Administration considers CBD, like all cannabinoids, a Schedule 1 drug. That means it is just as illegal as heroin and ecstasy. Meanwhile, hemp, a variety of the cannabis plant regulated by the U.S. Department of Agriculture, is legal, so long as its THC content is negligibly low. Although most CBD products claim to have under 0.3 percent THC, which is classified as hemp, the products remain unregulated making the THC levels unreliable. Consuming high quantities of CBD oil will leave enough THC in the nurse’s system to trigger a positive test result and may cause impairment. Per the U.S. Food and Drug Administration (FDA), products that contain THC or CBD CANNOT be sold as dietary supplements. Based on available evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act, respectively. Under those provisions, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved under 21 U.S.C. § 355 (section 505 of the FD&C Act), or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are outside the definition of a dietary supplement. FDA considers a substance to be “authorized for investigation as a new drug” if it is the subject

continued on page 22

of an Investigational New Drug application (IND) that has gone into effect. Under FDA's regulations (21 CFR 312.2), unless a clinical investigation meets the limited criteria in that regulation, an IND is required for all clinical investigation of products that are subject to section 505 of the FD&C Act. Is CBD oil safe? Since CBD is metabolized by the same enzyme in the liver that metabolizes many conventional medicines and supplements, the chemical can cause the levels of other drugs in the system to rise; in some cases – like for those taking a drug to prevent their bodies from rejecting a donor organ – to a deadly level. Some research indicates that the use of CBD oil may trigger a number of side effects, including:

- Anxiety
- Changes in appetite
- Changes in mood
- Diarrhea
- Dizziness
- Drowsiness
- Dry mouth
- Nausea
- Vomiting

Take away - IF YOU ARE UNSURE OF WHAT'S IN IT, DON'T TAKE IT.

MEDICAL MARIJUANA

Marijuana plants are just the opposite of hemp and hemp products, producing high levels of THC and lower levels of CBD. The FDA has not approved marijuana (the plant) for treating any health problems. However, some states and the District of Columbia allow its use for certain health purposes. Whether marijuana has therapeutic benefits that outweigh its health risks is uncertain. California approved the use of medical marijuana twenty-one (21) years ago and since then twenty-nine (29) other states have legalized medical marijuana.

In 2017, the Arkansas Legislature

passed Act 593, AN ACT TO AMEND ARKANSAS CONSTITUTION, AMENDMENT 98 - THE ARKANSAS MEDICAL MARIJUANA AMENDMENT OF 2016. The amendment passed March 23, 2017, is regarding employee protections and employee safety, and § 2 of Amendment 98, is amended to add additional subdivisions to read as follows:

(25)(A) "Safety sensitive position" means any position involving a safety sensitive function pursuant to federal regulations governing drug and alcohol testing adopted by the United States Department of Transportation or any other rules, guidelines, or regulations adopted by any other federal or state agency.

(B) "Safety sensitive position" also means any position designated in writing by an employer as a safety sensitive position in which a person performing the position while under the influence of marijuana may constitute a threat to health or safety, including without limitation a position:

(i) That requires any of the following activities:

(a) Carrying a firearm;

(b) Performing life-threatening procedures;

(c) Working with confidential information or documents pertaining to criminal investigations; or

(d) Working with hazardous or flammable materials, controlled substances, food, or medicine;

(ii) In which a lapse of attention could result in injury, illness, or death, including without limitation a position that includes the operating, repairing, maintaining, or monitoring of heavy equipment, machinery, aircraft, motorized watercraft, or motor vehicles as part of the job duties; and

(26)(A) "Under the influence" means symptoms of the current use of marijuana that may negatively impact the performance of the job duties or tasks or constitute a threat to health or safety.

(B) "Under the influence" includes without limitation:

(i) Symptoms of the applicant's or employee's speech, walking, stand-

ing, physical dexterity, agility, coordination, actions, movement, demeanor, appearance, clothing, odor, or other irrational or unusual behavior that are inconsistent with the usual conduct of the applicant or employee;

(ii) Negligence or carelessness in operating equipment, machinery, or production or manufacturing processes;

(iii) Disregard for safety;

(iv) Involvement in an accident that results in:

(a) Damage to equipment, machinery, or property;

(b) Disruption of a production or manufacturing process; or

(c) An injury; or

(v) Other symptoms causing a reasonable suspicion that the current use of marijuana may negatively impact the performance of the job duties or tasks or constitute a threat to health or safety.

WHAT DOES THIS MEAN FOR THE NURSE IN ARKANSAS?

If the nurse's employer deems the nursing position as safety sensitive, the nurse cannot test positive for marijuana. If the nurse in a safety sensitive position does test positive, the nurse may be subject to disciplinary action from the Board or be eligible for enrollment in the Arkansas Nurses Alternative to Discipline Program ("ArNAP") because the nurse has violated the employer's policy on safety sensitive positions. Arkansas does not differentiate whether a nurse consumed medical marijuana while not working as a nurse (i.e. on vacation, between positions, move from a non-safety sensitive position to a declared safety sensitive position).

Rep. Carlton Wing, R-North Little Rock, included a range of protections for employers in Act 593 of 2017. Among its provisions were that it specified that **employers are not prohibited from implementing substance abuse or drug-free workplace policies, including**

drug testing.

The law says employers do not face a cause of action if they act on a good faith belief that an employee used marijuana during work hours or on the employer's premises, or if the employer excludes the employee from a safety sensitive position because the employee was using marijuana. Employers can reassign, suspend or terminate employees or refuse to hire them. Employers may, however, exclude employees from safety-sensitive positions based on a positive drug test.

Take away – If the nurse is employed in a safety sensitive position, then the nurse cannot consume medical marijuana. For questions, please contact the Arkansas Board of Nursing at 501.686.2701.

REFERENCES

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- ii <https://isodiol.com/hemp-oil-today/cbd-vs-hemp-oil-whats-the-difference/>
- iii <https://www.ncbi.nlm.nih.gov/pubmed/11765026>
- iv <https://www.ncbi.nlm.nih.gov/pubmed/9323528>. Marijuana-positive urine test results from consumption of hemp seeds in food products.
- v Edmonds, Brie. 2019, February 8. Cannabidiol and drug tests. <https://blog.employersolutions.com/cannabidiol-and-drug-tests/>
- vi Miller, Anna Medaris. 2018, March 1. What Is CBD Oil – and Should You Use It? <https://health.usnews.com/wellness/articles/2018-03-01/what-is-cbd-oil-and-should-you-use-it>
- vii FDA and Marijuana: Questions and Answers https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#dietary_supplements. There is an exception to sections 201(ff)(3)(B)(i) and (ii) if the substance was “marketed as” a dietary supplement or as a conventional food before the drug was approved or before the new drug investigations were authorized, as applicable. However, based on available evidence, FDA has concluded that this is not the case for THC or CBD.
- viii Miller, Anna Medaris. 2018, March 1. What Is CBD Oil – and Should You Use It? <https://health.usnews.com/wellness/articles/2018-03-01/what-is-cbd-oil-and-should-you-use-it>

[usnews.com/wellness/articles/2018-03-01/what-is-cbd-oil-and-should-you-use-it](https://www.health.usnews.com/wellness/articles/2018-03-01/what-is-cbd-oil-and-should-you-use-it)

ix Wong, Cathy. 2019, March 6. CBD Oil: Benefits, Uses, Side Effects, and Safety. <https://www.verywellhealth.com/cbd-oil-benefits-uses-side-effects-4174562>

x <https://nccih.nih.gov/health/marijuana>. Marijuana and Cannabinoids. The FDA has approved three cannabinoids as drugs. In 2018, the agency approved Epidiolex (cannabidiol or CBD) oral solution for the treatment of seizures associat-

ed with two rare, severe forms of epilepsy. This drug is derived from marijuana. The FDA has also approved the synthetic cannabinoids dronabinol and nabilone to treat nausea and vomiting associated with cancer chemotherapy in people who have already taken other medicines to treat these symptoms without good results.

xi <https://katv.com/news/local/new-arkansas-marijuana-laws-include-restrictions-but-no-reversal-of-november-vote>

xii Ark. Const. amend. XCVIII, §§ 3, 6



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Disciplinary Actions

FEBRUARY 2019

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by

the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

NAME		LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Acevedo	Shannon Michele Smith	L044852	Hot Springs	Voluntary Surrender	(a)(1)	February 11, 2019
Austin	Janinka Simone	L059090	Pine Bluff	Letter of Reprimand	(a)(6)	February 5, 2019
Austin	Nancy Isch Desonie	R044280	Conway	Probation Status Removed		January 22, 2019
Bailey	Amanda Kay Johnson	A003130 R072827 PAC 3025 L042670	Jonesboro	Probation - 1 1/2 years	(a)(6) and (a)(7)	February 13, 2019
Banda	Elizabeth Louise Enkoff	R065455 L035797	Poteau, OK	Probation - 1 year	(a)(6)	February 13, 2019
Banda	Elizabeth Louise Enkoff	A004191 PAC 003981	Poteau, OK	Voluntary Surrender	(a)(6)	February 13, 2019
Bell	Leigh Ann Higgins	R071561	Keiser	Voluntary Surrender	(a)(8)	February 11, 2019
Brown	Leslie Annette Wright Clark	L040239	Rogers	Probation - 2 years	(a)(6) and (a)(8)	February 13, 2019
Brown	Lisa Dale Rakestraw	R039943	Cabot	Probation - 2 years	(a)(4), (a)(7), (a)(8), and (a)(9)	February 13, 2019
Cagle	Zachary Wayne	R076951	Austin	Probation Status Removed		January 22, 2019
Caldwell	Suzann E.	L056006	Ward	Probation - 1 year	(a)(6)	February 13, 2019
Chunn	Robbie Lynn Luke	R044878	Hot Springs	Probation - 1 year	(a)(4) and (a)(6)	February 13, 2019
Clayburn	Dennis Shayne	R072377	Fayetteville	Summarily Suspension	(a)(2) and (a)(6)	February 14, 2019
Cleveland	Laura Lynn Jones	L054969	Jonesboro	Probation Status Removed		January 22, 2019
Cochran	Whitney Leann Crowson Hargis	R065895	Benton	Probation Status Removed		January 29, 2019
Cumberbatch	Debra Patricia Rose-Dowden	R055759	Sherwood	Probation - 2 years	(a)(2), (a)(7), (a)(8) and (a)(9)	February 13, 2019
Davis	Joseph Readus	R080022	Slidell, LA	Probation Status Removed		January 22, 2019
Dean	Sarah Lacy	R084153	Hasty	Probation - 3 years	(a)(2), (a)(4), (a)(8) and (a)(9)	February 13, 2019
Dunlap	Tammy Smith McNeely	R070331	Mabelvale	Letter of Reprimand	(a)(6)	February 7, 2019
Gatewood	Marley L Morrison	L054737	Fairfield Bay	Letter of Reprimand	(a)(6)	February 11, 2019
Geheb	Cynthia Hope Long Hild Thresher	L038231	Cecil	Probation - 2 years	(a)(1), (a)(7), and (a)(9)	February 13, 2019

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Godwin	Sarah Elizabeth Ball	L041172	Ozark	Voluntary Surrender	(a)(8) February 5, 2019
Greene	Maria E.	R092135	Little Rock	Suspension	Terms and Conditions February 14, 2019
Haden	Cassandra Sue Richie	R072554	Little Rock	Probation - 1 1/2 years	(a)(2) and (a)(6) February 13, 2019
Hanson	Stephanie Anne Newton Hanson Hackenson	R071447	Little Rock	Probation Status Removed	January 22, 2019
Hodge	Christa M.	R097318	Sherwood	Probation Status Removed	January 24, 2019
Howe	Paula D	MORN127947	Neosho, MO	Cease and Desist	(a)(6) February 13, 2019
Hughes	Jordan Elizabeth	L053153	Horatio	Probation - 1 year	(a)(6) February 13, 2019
Hunt	Leslile Ann Branson Tucker	R066674	Gillham	Voluntary Surrender	(a)(9) January 28, 2019
Jacks	Ambra Colleen Wells	R081214	Conway	Voluntary Surrender	(a)(8) January 24, 2019
Johnson	Stephanie A. Lewis	L032794	Jonesboro	Probation - 1 year	(a)(1) and (a)(6) February 13, 2019
Johnson	Carolyn Jane Orr	L09338	Hot Springs	Probation Status Removed	January 22, 2019
Kaufman	Lisa Gail Hoggard	R055401	Maumelle	Voluntary Surrender	(a)(6) January 22, 2019
Kelley	Courtney Nicole Arnold	L055113	Conway	Probation - 2 years	(a)(6) and (a)(9) February 13, 2019
Kelley	Angela Michelle Grimes	L038809	Memphis, TN	Voluntary Surrender	(a)(8) February 13, 2019
Kennedy	Cynthia Marie Ballard	R052106	Wynne	Probation - 3 years	(a)(6) February 13, 2019

continued on page 26

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- Accreditation experience, both program and institutional.
- Teaching experience in graduate and undergraduate nursing programs.
- Academic leadership experience as a program director, chair, or assistant/associate dean.
- Qualified for faculty appointment at the rank if Professor or Associate Professor. Ideal candidate will have national recognition as an educator, clinician, research scientist, and/or leader within the nursing profession.

Interested individuals are asked to submit their CV and a letter addressing their experiences that fulfill the criteria for this position to Julian Tunno, Manager of Executive and Faculty Recruitment at jtunno@uams.edu. Contact Julian Tunno by phone at 501-686-2590.

Written nominations, inquiries, and applications (including emails) may be subject to disclosure under the Arkansas Freedom of Information Act.

UAMS is an inclusive Affirmative Action and Equal Opportunity Employer of individuals with disabilities and protected veterans and is committed to excellence.

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Continued from page 25

NAME		LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Leflar	Ruth Esther	L044229	Fayetteville	Suspension - 1 year	Terms and Conditions	February 14, 2019
Lingo	Rita Faye	L047357	Van Buren	Probation - 1 year	(a)(6)	February 13, 2019
Mathews	Cynthia	L058394	Russellville	Probation - 2 years	(a)(1) and (a)(6)	February 13, 2019
McBride	Toni Lynn	L045013	Texarkana	Suspension - 2 years	(a)(6)	February 14, 2019
McCurdy	Kim Ann Jalbert	R028823	El Dorado	Probation Status Removed		January 22, 2019
Moore	Tanika LaDawn	R085939 L044866	Jonesboro	Probation - 2 years	(a)(6)	February 13, 2019
Morgan (Faries)	Kathy Renee Crawford Ephlin Crawford	R070988 L032443	Osceola	Probation - 1 year	(a)(6)	February 13, 2019
Morphis	Mary Elizabeth McNulty	L045291	Atkins	Voluntary Surrender	(a)(8)	February 13, 2019
Nabena	Cassandra Dawn	MORN201 0023143	Branson, MO	Cease and Desist	(a)(6)	January 29, 2019
Nelson	Jonathan Michael	R094770 L051622	Gentry	Probation - 2 years	(a)(6)	February 13, 2019
Nutt	Julie Crabtree	R074101	Sheridan	Probation - 2 years	(a)(2)	February 13, 2019
Paladino	Kristin	R094674	Little Rock	Voluntary Surrender	(a)(4), (a)(6)	January 16, 2019
Perez	Emily Dawn	L056831	Conway	Voluntary Surrender	(a)(8)	January 31, 2019

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NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Pessa	D Jane Counts Fitzgerald	R040872	Camden	Letter of Reprimand	(a)(6) January 22, 2019
Poole	Brian Keith	R042527	Rogers	Letter of Reprimand	(a)(8) January 29, 2019
Rabb	Richard Bradley	R102628	Hamburg	Probation - 1 year	(a)(6) February 13, 2019
Ramos-Rodriguez	Carlos	L053412	Springdale	Reinstatement	January 18, 2019
Roberts	Owen Lee	R064803	Benton	Letter of Reprimand	(a)(6) January 22, 2019
Rogers	Becky Lynn	R035065	Fayetteville	Letter of Reprimand	(a)(6) January 29, 2019
Rosenbaum	Kristi Lynn	L052709	Mineral Springs	Probation - 2 years	(a)(6) February 13, 2019
Russell	Amber	R105880	Russellville	Probation Status Removed	January 22, 2019
Salley	Linda Lynette	L023744	Little Rock	Probation - 3 years	Terms and Conditions of Probation February 13, 2019
Sanders	Jennifer Sue	L051551	Hot Springs	Probation - 1 1/2 years	(a)(6) February 13, 2019
Saylors	Starla Lynn Bland	R045316	Pocahontas	Letter of Reprimand	(a)(6) January 22, 2019
Scarborough	Alicia Kay	L049235	Searcy	Probation - 1 year	(a)(2) and (a)(4) February 13, 2019
Schwartz	Carri Marie Jeffers Schwartz McCain	R066257	Fayetteville	Probation - 2 years	(a)(6), (a)(7) and (a)(9) February 13, 2019
Shelnutt	Darla Brooke Broadway	R082257	Benton	Probation - 1 year	(a)(6) February 13, 2019
Shinn	Corrie	R103705	Hot Springs	Probation Status Removed	January 23, 2019

continued on page 28

Accreditation with Distinction



Congratulations Nurses!

The Versant RN Residency Program at Arkansas Children's Hospital has received "Accreditation with Distinction" from the American Nurses Credentialing Center (ANCC). This is the highest recognition an organization can earn for excellence in transitioning new graduate nurses into practice settings, while meeting rigorous, evidence-based standards for quality and excellence. Arkansas Children's Hospital is the first and only hospital in Arkansas to achieve this honor. **To all our nurses: THANK YOU for being Champions for Children!**



Learn how you can to join the Versant RN Residency Program at archildrens.org/RNresidency.

Continued from page 27

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Smith Linda McKennon	A001096 R011690 P001290 003805	Fayetteville	Letter of Reprimand	(a)(1)	February 7, 2019
Smith Cynthia Lee Cottrell Schulz Turner	L039758	Van Buren	Suspension	Terms and Conditions	February 14, 2019
Southerland Bradley Drew	R066273	Fayetteville	Probation - 3 years	(a)(4), (a)(6), and (a)(7)	February 13, 2019
Stratton Ashley Michelle	R082918	Pine Bluff	Voluntary Surrender	(a)(4), (a)(6)	February 6, 2019
Sweeney Lowry Seth	L058227	Hamburg	Probation - 1 year	(a)(2)	February 13, 2019
Tidwell Tiffany	L054211	El Dorado	Probation - 2 years	(a)(6)	February 13, 2019
Tolleson Lindsey Nicole Tolleson Millard	R100217 L055397	Center Ridge	Probation - 1 year	(a)(6)	February 13, 2019
Treadway Samantha Kaye Quinn	L050707	Manila	Probation - 2 years	(a)(6) and (a)(9)	February 13, 2019
Walker Steve Robert	R066487 L022808	Little Rock	Probation - 2 years	(a)(6) and (a)(7)	February 13, 2019
Westbrook Dana Marie Long	L041396	Norphlet	Suspension - 2 years	Terms and Conditions	February 13, 2019
Wilkerson Valerie Lee	L048607	Benton	Voluntary Surrender	(a)(6)	February 13, 2019
Yager Amanda Martha Lathrop	R065438	Rogers	Letter of Reprimand	(a)(1), (a)(2)	February 8, 2019
Zigler Jessica Gale	L055559	Jacksonville	Suspension - 2 years	(a)(4) and (a)(6)	February 13, 2019

Licensure and Disciplinary Proceedings

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Help Us Help You

There is a cell phone commercial that has been around for a while where calls are dropped at inopportune times. Unfortunately, this does not only happen on TV. Much like those commercials, the staff at the Board of Nursing is sometimes working with "half" of a phone number while the person who left the message is frustrated that no one called them back.

Although the example above may seem a bit dramatic, we really do meet similar challenges. Here are some suggestions of ways you can help us to help you:

- When you leave a voice mail message, please speak slowly and clearly. It is also a good idea to repeat the phone number where you would like us to contact you. Be sure to include the area code.
- If you are calling from a cell phone, try to call from an area you know gets good reception. If you know you are in a "dead zone," it is best to use a landline telephone.
- If you would like us to leave a phone message on our return call, be sure we can do so. If we return the call and get the message "the voicemail is full" or "the person you are trying to reach has not set up a voicemail" we are unable to leave a message.
- The best way to contact us is via email. Each staff member's email is listed on our website at www.arsbn.org, or if you know the name of the person you are trying to contact, you can reach the staff member by the first initial of the first name and last name

@ arsbn.org. (i.e. the email address for Darla Erickson would be derickson@arsbn.org.)

- If you are contacting us by email or through our website,

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Terry Minton, RN
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Sandra Foster, RN
Perry MacLaird, RN
Jacqueline Nunn, RN
Brenda Roy, RN
Jillian Walker, RN
Misty Walthall, RN
Melinda Peer, RN
Virginia Ralston, RN
Peria Rambo, RN
Brian Strack, RN
Taylor Willis, RN
Carolyn Hicks, RN

first check your settings on your computer. Filters or firewalls may block our responses.

- If you contact us by email or through the website, include your telephone number and email address in the correspondence. (Then if we get the notice from the system administrator that "this message is undeliverable" we still have a way to contact you.)
- Always put your license number on all communications. Amazingly enough, even if your name is pretty unique, there is a good chance there are more people with the same name. Figuring out which person is requesting information or sending a payment can be difficult, if not impossible.

The staff of the Arkansas State Board of Nursing strives to provide good customer service. However, as you may guess from the requests above, we sometimes encounter obstacles that make it difficult to respond as we would like. Please assist us in our quest to better help you.

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January 2019



Emily Whitney, RN
February 2019



Ernesto Muniz, RN
March 2019