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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.
Executive Director’s Message

SUE A. TEDFORD, MNSc, APRN

TOGETHER,
WE CAN DO SO MUCH!

It is that time again — another legislative session begins in January. During the session our legislators will make new laws which affect the citizens of Arkansas. Back in the 1800s the general public had little knowledge of what was happening in government due to limited communication. Their communication was generally word of mouth — imagine a world without the telephone, internet, email, Facebook, Twitter, Snapchat and all the other means we use to communicate. In today’s world, anyone can log on to the General Assembly’s website to see what bills have been filed, the progress of each bill and when the legislators are meeting. You can even watch some of the meetings through live streaming video. All of this access allows you, as a citizen, to have the ability to stay informed and voice your opinion to those you elected to make our laws.

During each legislative session I get on my soap box and ask, beg, plead and do anything else I can think of to get nurses involved. Arkansas has approximately 55,000 actively licensed nurses. There is power in numbers, and if we speak up we can influence how our legislators vote on the issues that come before them. This influence should always begin with education. You cannot assume the legislators know the issues that affect nursing practice. There are so many bills presented to them, it is humanly impossible to be an expert on every issue. They may have a general understanding, but often lack the fine details. This is where you come in. Contact your legislators and educate them on the issues and why they are important to you.

Do you know who is the Senator and Representative for your district? I applaud you if you do. However, if you are not sure, it is easy to find out this information by logging into states.org/find_your_legislator. Part of their job is to listen to the concerns of the constituents who elected them into the office.

There will be multiple bills filed that affect nursing practice. Other bills may not directly affect your practice now, but could in the future. Some of the bills will be good for nursing and others will not be in our best interest and could even be detrimental to providing safe patient care. You can see all bills filed on the General Assembly website at www.arkleg.state.ar.us. Another good website to follow the nursing related bills is Nurses for Arkansas at http://www.nursesforarkansas.com.

Helen Keller offered very good advice, “Alone we can do little. Together we can do much.” Take her advice and let’s work together to make nursing practice in Arkansas the best in the United States.

Save the Date! • Nursing Expo • Sat., April 13, 2019 • See p. 29 for more info!
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8:00-12:00; 1:00-4:30
Phone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

ACCOUNTING
Darla Erickson, CPA
Administrative Services Manager

Amanda Holiman
Fiscal Support Specialist

Andrea McCuien
Administrative Specialist II

Chandler Sullivan
Administrative Specialist II

ADVANCED PRACTICE
Debra Garrett, DNP, APRN
ASBN Program Coordinator

Ellen Harwell
Licensing Coordinator

ALTERNATIVE TO DISCIPLINE
Tonya Gierke, JD, BSN, RN
ASBN Assistant Director – ArNAP

DISCIPLINE & PRACTICE
Lisa Wooten, MPH, BSN, RN
ASBN Assistant Director

Debbie Rodgers, MSN, RN
ASBN Program Coordinator

Corrie Edge
Legal Support Specialist

Debra Fletcher
Legal Support Specialist

Stephanie Johnsen
Administrative Analyst

Patty Smith
Legal Support Specialist

Leslie Suggs
Legal Support Specialist

EDUCATION & LICENSING
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ASBN Assistant Director

Tammy Vaughn, MSN, RN, CNE
ASBN Program Coordinator

Carla Davis
Licensing Coordinator

Lori Gephardt
Licensing Coordinator

Tra’Vonda Tate
Licensing Coordinator

Markeisha Rotimi
Licensing Coordinator

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LouAnn Walker
Public Information Coordinator

Albert Williams
Information Systems Coordinator

Susan Moore
Computer Operator

LEGAL
Fred Knight
ASBN General Counsel

Mary Trentham, MNSc, MBA, APRN-BC
Attorney Specialist

2019 BOARD DATES

January 9 ............. Hearings
January 10 .......... Business Meeting
February 13 ............ Hearings
February 14 ............ Hearings
March 26-28 .... NCSBN Mid-year Meeting, San Antonio, TX
April 10 ............... Hearings
April 11 ............... Hearings
May 8 ................. Hearings
May 9 ........ Business Meeting
June 5 ............... Hearings
June 6 .. Board Strategic Planning
July 10 ............. Hearings
July 11 ............. Hearings
August 21-23 .... NCSBN Annual Meeting, Chicago, IL
September 11 ......... Hearings
September 12 .. Business Meeting
October 9 ............. Hearings
October 10 .......... Hearings
November 13 .......... Hearings
November 14 .......... Hearings

Wishing you
a happy and
prosperous New Year!

Thank you Arkansas for a beautiful year of taking care of your families.

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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.

NURSES DAY AT THE CAPITOL
FEBRUARY 11, 2019

Activities begin at 8:30 a.m. on the 2nd floor of the Rotunda at the State Capitol.

Nurses who are planning on attending are encouraged to go to nursesforarkansas.com to get the latest updates on proposed legislation and talking points. The Arkansas Center for Nursing will be there with buttons for all nurses to wear so we are clearly identified as a nurse.

BOARD BUSINESS

Vice President Lance Lindow presided over the hearings held on October 10-11 and November 14-15.
What Happens to My MULTISTATE ARKANSAS NURSING LICENSE When I MOVE OUT OF STATE?

The Arkansas State Board of Nursing frequently receives calls from Arkansas nurses who are moving and changing their primary state of residence (PSOR) to another state. The registered nurses (RNs) and licensed practical or vocational nurses (LPN/LVNs) are only able to hold a multistate license in one state at a time, the declared PSOR. The nurse is responsible for submitting an application for endorsement to the board of nursing in the new PSOR and notifying Arkansas State Board of Nursing of the new address.

What happens to an Arkansas multistate license depends on what state the nurse is moving to and if that state is a member or not a member of the Nurse Licensure Compact (NLC).

If the nurse moves PSOR to a state that does not participate in or has not enacted the NLC, that state is referred to as a noncompact state. Once a license is issued in the noncompact state, the Arkansas multistate license is changed to a single state license that is valid only in Arkansas. An Arkansas single state license does not entitle the nurse to practice nursing in any other compact or noncompact state.

If the nurse moves PSOR to a state that participates in the NLC, that state is referred to as a compact state. The nurse would be moving from one compact state (Arkansas) to a new compact state. The nurse should immediately submit an endorsement application for multistate license review to the new compact state. Once the new multistate license is issued, the Arkansas multistate license will be inactivated.

It is important to note that when a nurse changes PSOR, proof of residency may be required. Sources that may be used to verify PSOR may include driver’s license, federal income tax return, or voter registration. Additional information regarding the Compact is located at www.arsbn.org. Click on the Compact tab.
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The Arkansas State Board of Nursing (ASBN) staff frequently receive calls regarding APRN scope of practice (SOP) issues. Most often APRNs are asking for clarification regarding a specific task/function. In the past, the APRN was referred to the Decision Making Model, Position Statement 98-6. The Board approved this Decision Making Model November 1998. It is an excellent model for the registered nurse and the licensed practical nurse. However, it does not meet the complex needs of the APRN.

A new APRN Decision Making Model was approved by the Board on September 13, 2018. This model was adapted with permission from the Kentucky Board of Nursing Scope of Practice Decision-Making Model for APRNs, Iowa Board of Nursing Scope of Practice Decision Making Model for Advanced Registered Nurse Practitioners, and the American Nurses Association Scope-of-Practice Decision Making Model for CNPs and CNSs. This model’s algorithm directs the APRNs query as the original model. The APRN continues through the algorithm as long as a stop sign is not encountered.

IDENTIFY, DESCRIBE, CLARIFY TASK

The APRN Decision Making Model begins by asking the APRN to identify, describe, or clarify the task under consideration and then to review the APRN scope of practice based on the ASBN Nurse Practice Act (NPA) and ASBN Rules. As an example, the APRN may want to determine whether suturing is within their scope.

ASBN SCOPE OF PRACTICE

The APRN SOP is found in ASBN Rules, Chapter 4, Section I. It states:

“The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code Annotated §17-87-102 (4),(5),(6),(7),(8), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these rules. The

advanced practice registered nurse (APRN) may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.”

As you can see, the definition covers all four roles of APRNs and is not specific to any specific role.

EXPRESSLY PROHIBITED

Is this task/function expressly prohibited by the ASBN NPA, ASBN Rules, or any other law or policy? Is this task declared as the practice of medicine by the Medical Practice Act? If the answer is yes, the task/function is outside the SOP of the APRN. Refer to a professional qualified to perform the task/function. If the task/function is not expressly prohibited by the ASBN NPA, ASBN Rules or any other law or policy, then consider the next question.
**EDUCATIONAL PREPARATION AND NATIONAL CERTIFICATION SPECIALTY AREA**

Is this task/function included in the SOP based on APRN educational preparation and national certification specialty area? Remember, our task/function to consider is suturing. The APRN must declare their role and specialty, if applicable. Consider this task/function for the certified nurse practitioner with a specialty in psych/mental health. This APRN would probably encounter the stop sign at this point.

If unsure, the APRN must determine if the task/function is consistent with APRN education, certification, population foci, national standards of practice, current APRN competencies, current nursing literature and research, policies and procedures, institution, accreditation standards, information on certification test content outline, or role delineation study.

If the answer is yes the task is consistent with the above, the APRN can consider the task within the scope of licensure not necessarily the SOP at this time. The APRN would then move to the next question.

**ACCEPTED “STANDARD OF CARE”**

Is the performance of the task/function within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent APRNs who have similar training and experience? This would be determined by a literature review.

**EVIDENCE OF KNOWLEDGE, SKILL, EDUCATION**

Do you have the required knowledge, skill, education and experience to do the activity or task? Can you produce documentation or evidence that you have the knowledge, current skills, education, and experience to do the activity or task? Do you have evidence of a didactic educational process? Do you have documented evidence of competency?

**ACCOUNTABILITY**

Are you prepared to manage the consequences and accept accountability for your actions? Can you defend yourself if an adverse event occurs? This would include not only a patient complaint but also a medical malpractice claim.

**PATIENT WITHOUT HARM**

Is it reasonable to expect the patient will be safe/without harm as a result of your actions?
What is the first principle taught to new nursing students? The first thing I remember from UALR, all those years ago, is that the primary role of a nurse is that of patient advocate. If the decisions we make and the duties we perform are steeped in this philosophy we will perform at a higher level of patient care.

My wife recently had foot surgery as an outpatient at the facility where I am employed. We arrived at 0630 as scheduled. Two nurses from the day surgery staff arrived to get her ready. One tackled the tedious task of entering her data in the electronic medical record while the other helped her get dressed, started the IV and so forth. One of them mentioned that she was running a little behind. I certainly understood. These days it seems that a nurse who isn’t at least a little behind runs the risk of being sent home to reduce payroll costs! Nevertheless, my wife was ready in just a few minutes. She was then transported to the pre-op holding area to meet with anesthesia staff and sign consent.

At that point I waited just like every other consumer of health care in our society does. I know all the risks of such procedures and I know and trust the competence of the people who were caring for my wife. After an hour, the operating room nurse called to give me an update. She said everything was fine and told me that the anesthesia provider had performed a popliteal nerve block in the pre-operative holding area prior to the start of surgery. She said the case was well underway and things were fine.

The surgeon updated me when he finished. The procedure went exactly as planned with no surprises or complications, and he was pleased with the result. Soon, my wife was out of surgery and in the recovery room. My colleagues allowed me to see her. After noting her perfect vital signs on the monitor, my question was, “Are you hurting?” Her pain level was zero on a scale of ten. This was great news. The nerve block was working. After a half hour or so in the recovery room, where she required no analgesics, we returned to the day surgery area. Her IV was discontinued, she got dressed, was fitted with her walking boot, and we headed home.

Once at home I learned what happened just prior to surgery. On arrival to the pre-op holding area she met her anesthesia provider, a CRNA, and signed the consent form. Then another CRNA was summoned to perform the nerve block. As he was about to start, someone came in and said the people in the OR were ready and they needed to take her in. Heather, the circulating nurse, said her vote was to do the block because it was ordered. Wayne, the CRNA, said he had never been in such a hurry that he didn’t have five minutes to do the right thing! I’m so grateful these two nurses acted as advocates for my wife. Because of them my wife was pain-free for the first 26 hours after her surgery and required no pain medication in that time. For a couple of days afterward, she did have quite a bit of pain, which we controlled with ice, elevation, and very little medication. As a PACU nurse, naturally I frequently asked her about her pain on a scale of one to ten. From about 26 hours post-op to about 72 hours post-op her pain was peaking around six to eight. After 72 hours her pain decreased to a peak level around four.

The benefit to the patient of the advocacy provided by these nurses can actually be quantified. The nerve block reduced the time the patient spent in severe pain (defined as greater than or equal to a level six on a scale of ten) from approximately 72 hours to 46 hours, a reduction of approximately 35 percent of the time spent in severe pain with a reduction in analgesia requirements.
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For more information about the cruise and the curriculum please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POETRavel
Nurses are licensed professionals. Yes, nurses have spent countless hours at the library studying, logging clinical experiences minute by minute, and finally — the day comes when you receive notice of passing the licensure examination. What a journey. At times, as you develop during your career, some nurses become comfortable and settle into repetitive good and not so good habits. These are not necessarily bad nurses; often these are nurses with a strong passion for nursing. This driving passion may lead the nurse into gray areas that may ultimately lead to disciplinary action on their licensure. The nurse must never lose sight that they are a licensed professional.

Each profession has a code of professional conduct. For nursing, it is specified in the Nurse Practice Act (NPA) and Rules. This is the law that nurses must follow. It is codified in Ark. Code Ann. Title 17, Chapter 87. The NPA and Rules, Chapter 7, Section II, A., states,

“the Board shall have sole authority to deny, suspend, revoke, or limit any license or privilege to practice nursing, or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter or otherwise discipline a licensee upon proof that the person is guilty of unprofessional conduct.”

In the Rules, Chapter 7, Section IV, No. 6, the term “unprofessional conduct” includes, but is not limited to, the conduct listed below:

a. Failing to assess and evaluate a patient’s status or failing to institute nursing intervention, which might be required to stabilize a patient’s condition or prevent complications.

b. Failing to accurately or intelligibly report or document a patient’s symptoms, responses, progress, medications, and/or treatments.

c. Failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.

d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.

e. Failing to administer medications and/or treatments in a responsible manner.

f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.

g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.

h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.

i. Leaving a nursing assignment without notifying appropriate personnel.

j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules or orders.

k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas Nurse Practice Act and...
the Arkansas State Board of Nursing Rules, Chapter 5.
l. Failing to supervise persons to whom nursing functions are delegated or assigned.
m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment.

n. Failing to conform to the Universal Precautions for preventing the transmission of Human Immuno-deficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.

p. Failing or refusing a drug screen as requested by employer or Board.
q. Engaging in acts of dishonesty, which relate to the practice of nursing.
r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.
s. Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.

t. Failure to comply with the terms and conditions of the Letter of Reprimand, Board Order, Consent Agreement or the Alternative to Discipline contract.
u. Any other conduct that, in the opinion of the Board, is likely to deceive, defraud, injure or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the nursing profession.

Many nurses are surprised when they see this list of unprofessional conduct. For example, not wearing a name badge or failing to follow universal precautions are examples of unprofessional conduct, yet most nurses probably would not think of these actions as grievous violations that may result in discipline. Nevertheless, it is the law to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public. Wearing gloves protects the patient AND the nurse during invasive procedures. Many nurses would be surprised that the public does periodically register complaints on a nurse not wearing a name badge with the appropriate insignia.

Not administering medications to a patient is always recognized as unprofessional conduct. But when the continued on page 16
nurse fails to document that the medications were not administered it is still unprofessional conduct — even when the nurse explains that the shift was busy, no overtime is allowed, or the computer system is new and the training was not adequate. Nonetheless, documentation errors are a violation of the NPA and Rules.

Another example of unprofessional conduct is practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of a physical, psychological, or mental impairment. This does not mean you have to be a drug addict or intoxicated at work. It can mean working while fatigued. Working while impaired may have devastating results to a patient no matter what the cause. Nurses often defend that they were told if they did not come into work, they would be terminated, so they went to work with little or no sleep, ill, or under extreme personal stressors. In hindsight, the nurse may recognize the risk they had taken. Did the nurse learn from this experience and understand how dangerous this practice is? If not, then the opportunity exists that nurse will continue this Russian roulette pattern until there is patient harm, a reportable event to the Board of Nursing, or both.

Take the time to review what is considered unprofessional conduct. This information will surprise some new nurses and may serve as a wake-up call for seasoned nurses. You, as the nurse, hold the responsibility for your own practice. You are the license holder. YOU ARE THE PROFESSIONAL.
Arkansas Children’s offers a Versant Fellowship Program for newly hired Registered Nurses with at least one year of work experience.

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- Program start dates in January, March, June and October

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- Program start dates in January, March, June and October

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EOE Drug-Free, Nicotine-Free Workplace
In 2016, 306 babies died in Arkansas before their first birthday. The sudden unexplained infant death (SUID) rate per 100,000 live births in Arkansas was 196, compared to the national rate of 91 per 100,000 live births. The 2016 sudden infant death syndrome (SIDS) — one type of SUID — rate per 100,000 live births in Arkansas was 154, compared to 38 in the United States.

Approximately one in every four infant deaths were sleep-related. Unsafe sleep environment deaths are preventable. The American Academy of Pediatrics updated recommendations in 2016 to reduce the risk of sleep-related deaths. Their recommendations include:

- Infants sleep in the parents’ room, close to the parents’ bed, on a separate surface designed for infants, ideally for the first year or at least for the first six months.
- Use a firm sleep surface in a crib, bassinet or play yard that is approved by the U.S. Consumer Product Safety Commission. Mattress should fit snugly with no gaps or spaces between mattress and crib frame.
- Place infants in a supine position for every sleep, by every caregiver, until the child reaches one year of age. Side sleeping is not safe and not advised.
- Do not put soft objects, toys, loose bedding, blankets, pillows or crib-bumper pads in an infant’s sleep area because they can cover the infant’s face, head or neck and cause suffocation, entrapment or strangulation.
- Do not cover the infant’s head and be sure that sleepwear does not over-heat the infant. Use a sleep sack or wearable blanket if extra warmth is needed.
- Do not let an infant sleep in a carrier, sling, car seat or stroller because it increases the risk of suffocation.

The Arkansas Department of Health is leading the state’s efforts to reduce sleep-related infant deaths. Arkansas is one of four states chosen to be part of the Safe Sleep Collaborative Improvement and Innovation Network (Safe Sleep CoIIN), funded by the National Institute for Children’s Health Quality and Health Resources and Services Administration. Multiple organizations have joined the CoIIN team with a common goal of increasing education and awareness of unsafe sleep environments and decreasing sleep-related deaths. The team provides education for those who care for infants including parents, childcare providers, grandparents, foster parents and babysitters to overcome barriers to behavior change. Health care providers should screen for and recommend safe sleep practices at each visit up to one year.
of age. Provide information about low-cost/free cribs or play yards to families who do not have a safe sleep space for their infant.

Follow the ABCs of safe sleep and save a life:

- Alone
- Back sleeping only
- Crib

Nurses who want to learn more about this life-saving topic can visit https://www1.nichd.nih.gov/cbt/sids/nursececourse/Welcome.aspx. This online, free continuing education opportunity covers Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death, the latest research on SIDS and other sleep-related causes of infant death and ways to reduce the risks of infant mortality. The course also provides ways you can communicate risk-reduction messages and teach parents and caregivers to keep their babies safe and healthy.

REFERENCES

for advertising information, contact

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DID IT WORK?

We hear often from nurses that they tried to renew their license online but are uncertain if it went through. There is one way to be sure it “went through.” When you have completed the online process of renewing your license, a confirmation page is displayed. This means you have successfully completed the process, and we have received your payment information. It is always a good idea to print this confirmation page to keep as proof of payment, so if there is a problem we can use your confirmation number to look up your payment. Also, if your employer reimburses you for your license renewal fee this can serve as a payment receipt for that purpose as well.

Your license renewal fee is not something you want to pay twice because you weren’t sure if your payment was received. It is also something you do not want to let lapse because you thought it worked when it didn’t. So, if you are uncertain if you have completed the online process because you did not see a confirmation page, it is a good idea to check with the board to make sure your payment was received.

The best way to ensure your online license renewal is successful is to:
- read carefully
- answer everything
- double check before you submit
- print your confirmation page

STAND UP FOR US ALL

Clinical trials bring us closer to the day when all cancer patients can become survivors.

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If you’re interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.
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With limited exceptions, physicians are not employees or agents of this hospital. Model representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations. For language assistance, disability accommodations and the non-discrimination notice, visit our website, 181259
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.

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Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

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Fax 501-660-6838
HumanResources@cfyf.org
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</tr>
<tr>
<td>Kaplon John William</td>
<td>R084797</td>
<td>Little Rock</td>
<td>Voluntary Surrender</td>
<td>(a)(4), (a)(6)(c)</td>
<td>October 17, 2018</td>
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<tr>
<td>Karns April Ann Cline</td>
<td>L040545</td>
<td>Altus</td>
<td>Voluntary Surrender</td>
<td>(a)(6)(l)</td>
<td>October 29, 2018</td>
</tr>
<tr>
<td>Kiersey Michael Edward</td>
<td>C002755</td>
<td>Alicia</td>
<td>Reinstatement to Probation</td>
<td></td>
<td>November 6, 2018</td>
</tr>
<tr>
<td>Kuykendall Lisa Renee Martin Hankins</td>
<td>R041000</td>
<td>Beebe</td>
<td>Reinstatement</td>
<td>Voluntary Surrender</td>
<td>November 14, 2018</td>
</tr>
<tr>
<td>Larsen Elizabeth Anne Isch Trusty Howard Rowe</td>
<td>R062710</td>
<td>Ozark</td>
<td>Voluntary Surrender</td>
<td>(a)(9)(a)</td>
<td>November 13, 2018</td>
</tr>
<tr>
<td>Leslie Kathy I.</td>
<td>R083701</td>
<td>Benton</td>
<td>Probation Status Removed</td>
<td></td>
<td>October 22, 2018</td>
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<tr>
<td>Lewis Ryan Wade</td>
<td>R084797</td>
<td>Benton</td>
<td>Voluntary Surrender</td>
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<td>November 14, 2018</td>
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<tr>
<td>Martin Miranda Lynn</td>
<td>L048212</td>
<td>Shady Point, OK</td>
<td>Letter of Reprimand</td>
<td>(a)(1), (a)(2)</td>
<td>October 18, 2018</td>
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<tr>
<td>Miller Amber Nichol</td>
<td>R094174</td>
<td>Greenbrier</td>
<td>Suspension</td>
<td>Terms and Conditions</td>
<td>November 14, 2018</td>
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<tr>
<td>Moore Amy Renee Richesin Fuller Richesin</td>
<td>R072296</td>
<td>Jacksonville</td>
<td>Probation Status Removed</td>
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<td>October 22, 2018</td>
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<td>Moore Caryn</td>
<td>L055575</td>
<td>Little Rock</td>
<td>Letter of Reprimand</td>
<td>(a)(6)(b)(c)(d)(t)</td>
<td>November 7, 2018</td>
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<tr>
<td>Morris Alicia Derae Rivers Bortell Clark</td>
<td>L035331</td>
<td>Crossett</td>
<td>Letter of Reprimand</td>
<td>(a)(6)(g)</td>
<td>November 7, 2018</td>
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<tr>
<td>Mullen Leigh Michele</td>
<td>R092538, L052471</td>
<td>Walnut Ridge</td>
<td>Reinstatement</td>
<td>Voluntary Surrender</td>
<td>November 15, 2018</td>
</tr>
<tr>
<td>Nace Randolph Will</td>
<td>L058291</td>
<td>Little Rock</td>
<td>Probation Status Removed</td>
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<td>October 22, 2018</td>
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<tr>
<td>Osborne Ericka Nichol</td>
<td>L056587</td>
<td>Morrilton</td>
<td>Voluntary Surrender</td>
<td>(a)(9)(e)</td>
<td>November 15, 2018</td>
</tr>
<tr>
<td>Pennington Kimberly Dee Griffin</td>
<td>R070202</td>
<td>Parkin</td>
<td>Suspension – 2 years</td>
<td>(a)(6)(p)</td>
<td>November 15, 2018</td>
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<tr>
<td>Ramos-Rodriguez Carlos</td>
<td>L053412</td>
<td>Rogers</td>
<td>Suspension</td>
<td>Terms and Conditions</td>
<td>November 14, 2018</td>
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<tr>
<td>Robinson Marsha Ruth</td>
<td>R050293</td>
<td>Quitman</td>
<td>Voluntary Surrender</td>
<td>(a)(6)(t)</td>
<td>November 6, 2018</td>
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<tr>
<td>Rognrud Riley Nicole</td>
<td>L059095</td>
<td>Little Rock</td>
<td>Probation Status Removed</td>
<td></td>
<td>October 23, 2018</td>
</tr>
<tr>
<td>Smith Stephanie Lee</td>
<td>R077448</td>
<td>Camden</td>
<td>Suspension – 2 years</td>
<td>Terms and Conditions</td>
<td>November 15, 2018</td>
</tr>
<tr>
<td>Sumej April Elaine</td>
<td>L049899</td>
<td>Pine Bluff</td>
<td>Voluntary Surrender</td>
<td></td>
<td>November 14, 2018</td>
</tr>
<tr>
<td>Swaim Kelly Ann</td>
<td>PN Applicant</td>
<td>Royal</td>
<td>Probation – 1 year</td>
<td>(a)(2)</td>
<td>November 14, 2018</td>
</tr>
<tr>
<td>Swanson Robert Paul</td>
<td>L057865</td>
<td>Gentry</td>
<td>Reinstatement</td>
<td>(a)(2), (a)(3), (a)(4), (a)(6)(d)(q)(u)</td>
<td>November 5, 2018</td>
</tr>
<tr>
<td>Tosh Bethany Allison Tosh Darr</td>
<td>A001883, R071948, PAC 1777</td>
<td>Jonesboro</td>
<td>Reinstatement to Probation (licensure and PAC)</td>
<td>(a)(2), (a)(4) and (a)(9)(e)</td>
<td>November 14, 2018</td>
</tr>
<tr>
<td>Townsend James Keith</td>
<td>A003845, R08062, PAC003686</td>
<td>Bradford</td>
<td>Probation Status Removed</td>
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<td>October 22, 2018</td>
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## Disciplinary Actions

**NOVEMBER 2018**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
<th>VIOLATION</th>
<th>EFFECTIVE DATE</th>
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<tbody>
<tr>
<td>Walston George Monroe</td>
<td>L053939</td>
<td>Hot Springs</td>
<td>Suspension – 2 years</td>
<td>(a)(6)(i)</td>
<td>November 15, 2018</td>
</tr>
<tr>
<td>Warner Michelle Renee</td>
<td>R095844</td>
<td>Spiro, OK</td>
<td>Letter of Reprimand</td>
<td>(a)(2)</td>
<td>October 18, 2018</td>
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<tr>
<td>Wilkes Amy Margaret Robinson</td>
<td>R093966</td>
<td>Huntsville</td>
<td>Voluntary Surrender</td>
<td>(a)(6)(t)</td>
<td>October 31, 2018</td>
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<tr>
<td>Williams Theresa Michelle Harris</td>
<td>L042127</td>
<td>Fayetteville</td>
<td>Reinstatement to Probation (3 years)</td>
<td></td>
<td>October 18, 2018</td>
</tr>
<tr>
<td>Worsham Ashlea Dawne</td>
<td>L059431</td>
<td>Benton</td>
<td>Probation Status Removed</td>
<td>(a)(6)(t)</td>
<td>October 22, 2018</td>
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<tr>
<td>Yancey Paula Rae Pogue Waggoner</td>
<td>L044534</td>
<td>Mabelvale</td>
<td>Voluntary Surrender</td>
<td>(a)(6)(t)</td>
<td>November 15, 2018</td>
</tr>
</tbody>
</table>

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