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ARIZONA STATE BOARD OF NURSING
4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone: 602.771.7800
Main fax: 602.771.7888
CANDO fax: 602.771.7882
General e-mail: arizona@azbn.gov
Website: www.azbn.gov

The Honorable Doug Ducey
GOVERNOR

Joey Ridenour, MN, RN, FAAN
EXECUTIVE DIRECTOR

Janeen Dahn, PhD, RN, RNP-C
ASSOCIATE DIRECTOR COMPLAINTS &
INVESTIGATIONS

Kathy Malloch, PhD, MBA, RN, FAAN
ASSOCIATE DIRECTOR EDUCATION / EVIDENCE
BASED REGULATION

Robert Ellis, BSIT, MBA, MPM
ASSOCIATE DIRECTOR OF OPERATIONS

Valerie Smith, MS, RN, FRE
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SCOPE OF PRACTICE EXPERT

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The Arizona State Board of Nursing is moving to a new location.

All contact numbers and email addresses will remain the same.

New address as of December 18, 2017 is:

**1740 W. Adams, Suite 2000
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WE'RE MOVING!

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arizona STATE BOARD OF NURSING

REGULATORY JOURNAL

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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

Primer: Enhanced Nurse Licensure Compact

Since 2002, Arizona RN's and LPN's plus licensed nurses from 24 other compact party states have experienced the advantages of the Nurse Licensure Compact (NLC). The compact improves the mobility of nurses by making it easier to practice in different states and eliminate the need for multiple licenses.

Since the original NLC was enacted almost two decades ago, there were major statutory "enhancements" recommended by Boards of Nursing as well as other stakeholders. According to the 2014 National Council of State Boards of Nursing survey, over 80-90% of nurses and employers wished their state would join the compact. The "enhancements" were made to align with the "Uniform Licensure Requirements" requests so more states would enact the eNLC.

In 2015, the NLC underwent an all-inclusive revision that resulted in a new compact entitled the enhanced NLC (eNLC). The current compact is anticipated to be dissolved or phased out within the near future or early 2018. For a state to join the eNLC, it must enact legislation to "repeal and replace" the current NLC.

The eNLC will be implemented in Arizona and 25 other states on January 19, 2018. Of the 25 original NLC states, 21 have enacted the eNLC and three have introduced or planning to introduce legislation soon – WI, CO and NM.

This edition of the Arizona Journal of Nursing Regulation will be a "Primer: enhanced Nurse Licensure Compact." Nurses, employers and faculty will have a "textbook" to know and understand the changes.

Also want to let you know we are excited to be moving to a new location December 18, 2017. The new address will be:

1740 W. Adams, Suite 2000, Phoenix, Arizona 85007

No change in phone numbers.

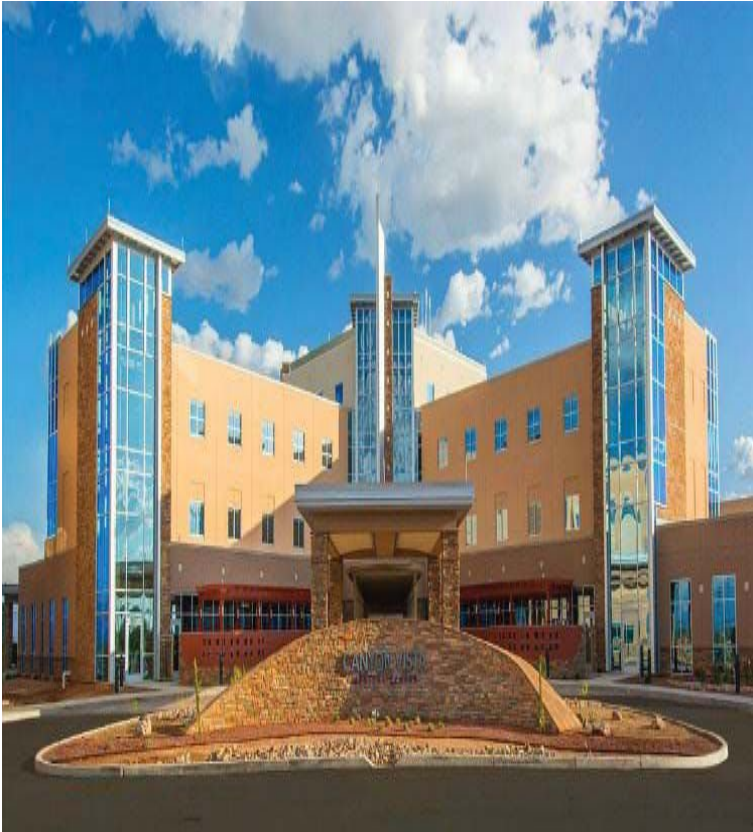
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Joey Ridenour RN MN FAAN

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The Enhanced Nurse Licensure Compact (eNLC) Implementation FAQs



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NURSE LICENSURE COMPACT

1. When does the eNLC go into effect?

The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The *effective* date is not the same as the *implementation* date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf for a multistate license.

2. What is the difference between the effective date and the implementation date?

Based on the legislation, the effective date of the eNLC was designated as "the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018." The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact's governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC. By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

3. When will nurses have multistate licenses in eNLC states?

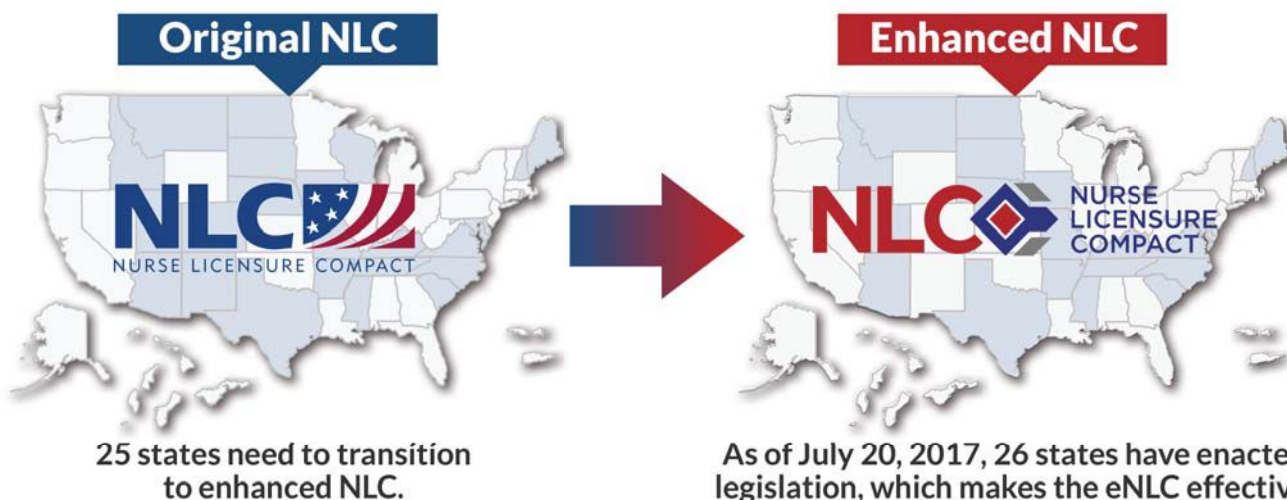
Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Wyoming, Oklahoma, West Virginia, Georgia and Florida) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation?

States that do not pass the eNLC will remain in the original NLC until: a) the state enacts the eNLC, b) the state withdraws from the original NLC or c) the original NLC ends due to having less than two states as members. As of now, Wisconsin, Colorado, New Mexico and Rhode Island are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts?

Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Wisconsin, Colorado, New Mexico and Rhode Island will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.



6. Which nurses are grandfathered into the eNLC and what does that mean?

Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC?

The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC?

Primarily, the eNLC adopts 11 uniform licensure requirements (ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at: nursecompact.com/privateFiles/NLC_Key_Provisions.pdf

9. Who are the primary proponents of a state's decision to join the compact?

Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition?

The minimum number of states (26) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining.

Support for the NLC is overwhelming in the nursing community. According to 2014 NCSBN nurse and employer surveys, 80 to 90 percent of nurses and greater than 90 percent of employers want their state to be a member of the NLC.

The main opposition to the compact, seen in only a few states, has been from nurse union organizations.

11. Why would a nurse need a multistate license? What are the benefits for a nurse?

The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care and countless more.

12. How can nurses stay well informed of the changes in the compact?

Nurses can subscribe to receive email updates at www.nursecompact.com, review their state board of nursing website and newsletter, and review the implementation page on the NCSBN website at www.ncsbn.org/enhanced-nlc-implementation.htm. Follow the NLC on social media: Twitter @NurseCompact or Facebook at www.facebook.com/nurselicensurecompact.

13. How will the transition from NLC to eNLC affect employers of nurses?

The transition may impact employers in eNLC states that have nurses practicing in the four states that remain in the original NLC. As of the implementation date, those nurses with an eNLC multistate license will not have the authority to practice in those four states without applying for a single state license in those states.

The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.

Nurses residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the Jan. 19, 2018 implementation date until they have completed an eligibility process. This process will determine if the licensee meets the licensure requirements for a multistate license. In some eNLC states, the nurse may need to proactively engage in this eligibility process. By October 2018, nurses in all eNLC states should receive a letter from the respective board of nursing with more information.



STAFF DIRECTORY

ADMINISTRATION

Joey Ridenour, MN, RN, FAAN
Executive Director
602.771.7801
jridenour@azbn.gov

Janeen Dahn, PhD, RN, FNP-C
Associate Director Investigations and Compliance
602.771.7814
jdahn@azbn.gov

Kathy Malloch, PhD, MBA, RN, FAAN
Associate Director Education & Evidence Based Regulation
602.771.7803
kmalloch@azbn.gov

Robert Ellis, BSIT, MBA, MPM
Associate Director of Operations
602-771-7889
rellis@azbn.gov

Valerie Smith, MS, RN, FRE
Associate Director Hearings
602.771.7804
vsmith@azbn.gov

Judy Bontrager, MN, RN
Scope of Practice Expert
602.771.7802
jbontrager@azbn.gov

Emma Mamaluy, JD
Chief Counsel
602.771.7844
emamaluy@azbn.gov

Dolores Hurtado,
Senior Investigator & Assistant to the Associate Director of Investigations & Compliance - Intake Triage Coordinator
602.771.7845
dhurtado@azbn.gov

Susie Flores
Administrative Assistant to the Executive Director
602.771.7806
sflores@azbn.gov

Shang Lin, BSBA
Management Analyst III
602.771.7872
slin@azbn.gov

Lila Wiemann
Administrative Assistant
602.771.7890
lwiemann@azbn.gov

CANDO

Paulette Jones
Nurse Practice Consultant
602.771.7864
pjones@azbn.gov

Olga Zuniga
Administrative Secretary
602.771.7865
ozuniga@azbn.gov

COMPLAINTS-INTAKE

Dolores Hurtado,
Senior Investigator
Complaints-Intake Triage Coordinator
602.771.7845
dhurtado@azbn.gov

Lynette Drafton
Senior Investigator
Complaints-Intake Triage Coordinator
602.771.7827
ldrafton@azbn.gov

EDUCATION

Amy Steinbinder, PhD, RN, NE-BC
Education Program Administrator
602.771.7877
asteinbinder@azbn.gov

Dave Hrabe, PhD, RN, NC-BC
Education Consultant Administrator
602.771.7877
dhrabe@azbn.gov

Cindy George, BSN, RN
Nurse Practice Consultant
602.771.7857
cgeorge@azbn.gov

Lyn Ledbetter
Administrative Assistant
602.771.7856
lledbetter@azbn.gov

FISCAL SERVICES

Robert Digan B.B.A
Accounting Manager
602-771-7809
rdigan@azbn.gov

Theresa Benford, BBM
Accountant
602-771-7810
tbenford@azbn.gov

HEARINGS

Trina Smith
Legal Assistant
602.771.7844
tsmith@azbn.gov

INVESTIGATIONS

Cindy Mand, MSN, RN
Program Administrator II
602.771.7815
cmand@azbn.gov

Eileen Owen-Williams, DNP, PhD,
APRN, CNM, FNP, AFN-BC, FAANP
Advanced Practice Nurse Consultant
602.771.7819
eowen-williams@azbn.gov

Kristi Hunter, MSN, FNP-C
Advanced Practice Nurse Consultant
602.771.7854
khunter@azbn.gov

Kevin Rapkoch, BSN, RN
Nurse Practice Consultant
602.771.7867
krapkoch@azbn.gov

Marla Moore, BSN, MA, RN
Nurse Practice Consultant
602.771.7878
mmoore@azbn.gov

Michael Pilder, MSN, RN
Nurse Practice Consultant
602.771.7816
mpilder@azbn.gov

Pat Midkiff, MN, RN
Nurse Practice Consultant
602.771.7826
pmidkiff@azbn.gov

Ruth Kish, MN, RN
Nurse Practice Consultant
602.771.7823
rkish@azbn.gov

Shawna Bonner, BSN, RN
Nurse Practice Consultant
602.771.7833
sbonner@azbn.gov

Stephanie Chambers, MN, RN
Nurse Practice Consultant
602.771.7818
schambers@azbn.gov

SENIOR INVESTIGATORS

Kirk Olson
Program Manager
602.771.7824
kolson@azbn.gov

Bonnie Richter, MSW
Senior Investigator
602.771.7828
brichter@azbn.gov

David Elson, III
Senior Investigator
602.771.7851
delson@azbn.gov

Frank Curatola
Senior Investigator
602.771.7822
fcuratola@azbn.gov

Jennifer Ingram
Senior Investigator
602.771.7835
jingham@azbn.gov

Michelle Morton
Senior Investigator
602.771.7850
mmorton@azbn.gov

Pam Millben
Senior Investigator
602.771.7866
pmillben@azbn.gov

Pete Wittenberg
Senior Investigator
602.771.7817
pwittenberg@azbn.gov

Stephanie Cruz
Senior Investigator
602.771.7812
scruz@azbn.gov

Susan Bushong, B.A.
Senior Investigator
602.771.7821
sbushong@azbn.gov

LEGAL SECRETARIES

Lynette Drafton
Senior Investigator
602.772.7827
ldrafton@azbn.gov

Gari Carroll
Legal Secretary
602.771.7841
gcarroll@azbn.gov

Richard Carr
Legal Secretary
602.771.7852
rcarr@azbn.gov

INFORMATION TECHNOLOGY

Kevin Castleman MCP, MCDST
Senior Network Administrator
602-771-7808
kcastleman@azbn.gov

Chien-Chieh Kuan BSIT, MIT
SQL Database Developer
602-771-7807
cckuan@azbn.gov

LICENSING

Tran Tran, BBA
Licensing Administrator
602.771.7825
ttran@azbn.gov

Becky Melton
RN/LPN Exams
602.771.7800
bmelton@azbn.gov

Donna Frye
Advance Practice Certifications
602.771.7800
dfrye@azbn.gov

Heather Reed
RN/LPN Endorsements
602.771.7800
hreed@azbn.gov

Helen Tay
CNA Exam/Endorsements
602.771.7800
htay@azbn.gov

Irene Barajas
CNA/LNA/RN/LPN/AP Renewals
602.771.7800
ibarajas@azbn.gov

Monica Ortiz
Imaging Technician
602.771.7800
mortiz@azbn.gov

Tanya Salinas
CNA/LNA/RN/LPN Exam/
Endorsement/Renewals
602.771.7800
tsalinas@azbn.gov

MAILROOM

Karen Johnson
602.771.7800
kjohnson@azbn.gov

MONITORING

Kathleen Harrington, MSN-INF, RN
Program Administrator I
602.771.7811
kharrington@azbn.gov

Brent Sutter
Senior Investigator
602.771.7860
bsutter@azbn.gov

Naira Kutnerian
Legal Assistant
602.771.7861
nkutnerian@azbn.gov

CUSTOMER SERVICE

Erika Floyd
602-771-7800
efloyd@azbn.gov

Jamie Fivecoat
602.771.7800
jfivecoat@azbn.gov

Janel Berry
602.771.7800
jberry@azbn.gov

Nancy Davis
602.771.7800
ndavis@azbn.gov

Susan Kingsland
602.771.7800
skingsland@azbn.gov

RECORDS

Glenn Cook, MLIS, BA
602.771.7800
gcook@azbn.gov

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WHAT EDUCATORS NEED TO KNOW *About the Enhanced Nurse Licensure Compact*



A Brief History of the Nurse Licensure Compact (NLC)

Removing barriers to cross-border practice, the Nurse Licensure Compact (NLC) is an interstate agreement allowing a nurse to have one license and the privilege to practice in other compact states. Implemented in 2000, the NLC fosters public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. Along with a majority of state nurses associations, hospital associations and health care facilities in every state overwhelmingly support the NLC. The NLC includes important patient safety features such as facilitation of the sharing of licensure, investigative and disciplinary action information among member states.

Since the NLC's initial launch, advances in technology and an increasingly mobile nursing workforce and patient population have created the need to break down barriers to interstate practice. Access to care has expanded. Telehealth has transformed care delivery and erased geographic boundaries. In recent years, hundreds

of bills with the goal of enabling telehealth in more than 44 states were introduced. The NLC has the ability to remove the licensure barrier to telehealth practice for more than 4 million nurses.

While this change has transpired, other health professions have developed interstate licensure agreements and Congress began discussing the

possibility of national licensure.

In 2013, NCSBN's members began to discuss what the optimal licensure model would look like and eventually agreed that revising the current NLC (implemented in 25 states between 2000 and 2016) and the current APRN Compact (which was developed in 2001 but never implemented) would be in the best interests of all. In March of



2015 revisions to the two compacts were completed and in May 2015 a special assembly of delegates representing all BONs (two from each state) approved the new compacts. An ambitious initiative was kicked off to commit staff and financial resources to advocate for state adoption of the newly enhanced NLC (eNLC) and the APRN Compact.

Moving Forward —the Enhanced Nurse Licensure Compact (eNLC)

Like the NLC, the eNLC increases access to health care, protects patient safety, reduces costs and supports state-of-the-art health care delivery. It also enhances nurses' mobility across states and allows nurses to quickly cross state borders when there is a disaster.

The eNLC is also cost-effective, since an organization may share the expenditure of multiple licenses nurses can incur by crossing state lines. It also removes multiple and duplicate regulatory requirements, cutting down costs for nurses.

New provisions to the eNLC (as compared to the original NLC) include uniform license requirements (all states have the same licensure requirements) and state authority to obtain and submit criminal background checks.

The eNLC is also cost-effective, since an organization may share the expenditure of multiple licenses nurses can incur by crossing state lines.

In order to receive a multistate license in the eNLC, a nurse must meet the home state's qualifications, graduate from a board of nursing-approved nursing education program, pass the NCLEX-RN® or NCLEX-PN® Exam, have no active discipline on their license, submit to a criminal background check, have no prior state or federal felony convictions and have a valid Social Security number. The eNLC also contains a grandfathering provision: a nurse already holding a home multistate license on their compact's effective date can retain and renew that license. A nurse who changes their primary state of residence after the NLC's effective date must meet the new eNLC requirements to obtain a multistate license from their new home state.

To join, individual states must first enact eNLC model legislation. NCSBN

staff are working with state legislatures to help accomplish this by testifying at committee hearings, participating in telephone and in-person meetings with legislators in target states, and drafting language to help bills move forward.

Do Faculty Need More Than One Nursing License?

You may if you are faculty teaching didactic courses, or supervising clinical experiences, and your students are located outside the state in which your nursing program is located. Just as nurses who work in clinical settings and care for patients in another state via telehealth, faculty who teach online students located in another state usually require additional nursing licenses unless a state offers an exemption for faculty or it is currently part of the Nurse Licensure Compact (NLC).

continued >>>

What is the Difference Between When the eNLC Becomes "Effective" and When It Is "Implemented?"

The effective date for the eNLC was when the 26th state enacted the eNLC, on July 20, 2017. After the effective date, the Interstate Commission was formed and will begin to develop rules to facilitate the implementation of the eNLC. The actual implementation of the compact by the states occurs on January 19, 2018. This is the date on which nurses with eNLC multistate licenses may begin practicing in eNLC states.

Many faculty and their deans are unaware of this important requirement. In most states, faculty must abide by the same principle as nurses in clinical practice. Practice is where the patients (or students) are located. Therefore, if the students are located in states different from the home state of the nursing program, faculty require additional licenses. Faculty teaching in online programs should refer to NCSBN's website for details regarding this.

One exception to this rule is the NLC. If you are licensed in a state that is a member of the NLC and the students are located in other NLC states, you do not need an additional license to teach in those states; you most likely have a multistate license and have already been granted the privilege to practice. See the map of current NLC states at nursecompact.com.

Presently, 25 states are members of the NLC, however, the newly enhanced NLC (eNLC) is now being adopted by states and will replace the NLC in these states. This newly enhanced compact offers more uniformity in terms of licensure requirements and it is expected to have greater participation that will extend beyond the original 25 states. For more information on the eNLC see nursecompact.com.

Once the implementation of the eNLC compact occurs (six months after the effective date), it will be important for educators in eNLC states to know which states are part of the eNLC and which states are not, including those states that remain active in the NLC and do not enact



the eNLC. They will need licenses to practice (or teach by distance learning) if they do not reside in a state that is a member of the eNLC. This information will also be important for students.

States are also beginning to adopt the APRN Compact, so faculty and advanced practice registered nurse (APRN) students should stay up to date on the APRN Compact as well.

If your state has introduced a bill to enact the eNLC you can help pass the legislation by contacting your legislator. Access these websites for information on how to do that, and keep up on which states have adopted the eNLC and APRN Compact.

What Will the Enhanced NLC (eNLC) Mean for Nurses?

What does the eNLC mean for nurses in the current NLC?

- If your state enacts the eNLC, you will be grandfathered

and no further action is needed, unless you move to another state. Then you will be required to meet all the uniform licensure requirements to receive a multistate license from that state.

- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states. You will need a single state license issued by every other state in which you plan to practice to continue to deliver care in each of those states.

What does the eNLC mean for employers?

- Your nurses will now be able to practice (in person or by telehealth) in other eNLC states with just one license obtained in their

state of residence.

- Faculty and military spouses will just need one license to teach or practice across states in the eNLC.
- The eNLC is only for registered nurses (RNs) or licensed practical/ vocational nurses (LPNs/VNs), not for advanced practice registered nurses (APRNs). APRNs have another compact that states are considering.

What are the Uniform Licensure Requirements for an eNLC multistate license?

An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:

1. Has met the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a board of nursing-approved education program; or
b. Has graduated from a foreign education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of a foreign education program not taught in English or if English is not the individual's native language);
4. Has passed the NCLEX-RN or PN Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license

(i.e., without active discipline);

6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-

case basis);

9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

continued >>>



TWO COMPACTS COMPARED

A Driver's License Compact vs. a Nurse License Compact



- Issued in your primary state of residence.
- When driving in other states, you must know and obey that state's laws (rules of the road).
- While driving in other states, if you violate the state's law, the state can remove your driving privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's driver's license. You can drive on your former license for a certain number of days (depending on the state). The former license then becomes invalid.
- While driving in other states, if you violate the state's laws and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.

- Issued in your primary state of residence.
- When practicing in other states, you must know and obey that state's laws (Nurse Practice Act).
- While practicing in other states, if you violate the state's laws, the state can remove your practice privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's nursing license. The former license then becomes invalid.
- While practicing in other states, if you violate the state's laws, and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.

resources:

nursecompact.com

NLC and APRN Compact Advocacy
HIVE toolkit (NCSBN member login and password required)

Some of the Organizations Supporting the NLC include:

- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Nephrology Nurses Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- CGFNS International, Inc.
- Citizen Advocacy Center (CAC)
- Commission for Case Manager Certification
- Emergency Nurses Association (ENA)
- Health IT Now
- National Governors Association Center for Best Practices
- National League for Nursing
- National Military Family Association
- National Organization for Associate Degree Nursing (OADN)
- National Patient Safety Foundation
- Oncology Nursing Society
- Optum
- Population Health Alliance
- Telehealth Leadership Council
- U.S. Department of Commerce



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NURSE LICENSURE COMPACT

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Issue

Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet this need.

Solution

The enhanced Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level.

- The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states.
- There are 25 member states in the current NLC.

Benefits of the NLC

- Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
- Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitates telenursing and online nursing education.
- Cost Effective
 - Nurses do not have to obtain an additional nursing license(s), making practicing across state borders affordable and convenient.
 - The compact removes a burdensome expense not only for nurses, but also organizations that employ nurses and may share the expenditure of multiple licenses.

Proven, Safe and Efficient

- The NLC has been operational and successful for more than 15 years.
- All the safeguards that are built into the current state licensing process are required before a nurse is issued a multistate license.
- The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.
- Less than 1 percent of U.S. nurses ever require discipline by a board of nursing (BON), but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, nursys.com.
- All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.

A Modern Nurse Licensure Solution for the 21st Century

The enhanced NLC increases access to health care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery – for today and in the future.

To join the NLC, states need to enact the enhanced NLC model legislation and implement a federal criminal background check system for nurse licensure.



Unlocking Access to Nursing Care Across the Nation



Our Mission

The Nurse Licensure Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

MAKE YOUR VOICE HEARD

Support the NLC!

For more information about the enhanced NLC, visit nursecompact.com.

If you have a specific question, contact nursecompact@ncsbn.org.

Some of the Organizations Supporting the NLC include:

- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Nephrology Nurses Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- Citizen Advocacy Center (CAC)
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- Emergency Nurses Association (ENA)
- Health IT Now
- National Military Family Association
- National Governors Association Center for Best Practices
- National Patient Safety Foundation
- Population Health Alliance
- Telehealth Leadership Council
- U.S. Department of Commerce



Key policy changes from the current NLC are bolded.

Article I Findings and Declaration of Purpose

- Facilitate the states' responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

Article II Definitions

Reference model legislation at nursecompact.com.

Article III General Provisions and Jurisdiction

- **Eligibility and uniform licensure requirements for a multistate license**
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws
- Nurse compliance with state practice laws
- Exclusion of advanced practice nurses (APRNs). There is a separate compact for APRNs called the Advanced Practice Registered Nurse Compact.
- **Grandfathering provision**

Article IV Applications for Licensure in a Party State

- Required verification of licensure information via the coordinated licensure information system
- Limitation to one home multistate license
- Outlines process for change of primary residence/home state

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to
 - Take adverse action against a multistate licensure privilege according to the disciplinary options available by state law
 - Issue subpoenas
 - **Obtain and submit criminal background checks**
- Requires deactivation of multistate licensure privileges when license encumbered

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in a coordinated licensure information system
- Requires the boards of nursing to promptly report to the database any adverse action taken on a nurse, any information gathered during an investigation on a complaint against a nurse; and notification of any nurse that has been enrolled in an alternative to discipline program.
- Provides for exchange of information with other party states

Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

Establishes the governing body as a public agency known as an “Interstate Commission.”

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the NLC by member states. The procedures to be followed in the event of a failure by a party state to comply with the NLC include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the NLC in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

Addresses the method for states to enter, withdraw from or amend the NLC.

Article XI Construction and Severability

Provides for the compact to remain valid in a state when any provision is declared to be contrary to a party state’s constitution.

Notice of Enhanced NLC Proposed Rules And Notice of Public Hearing

1. Summary of Proposed Action

Introduction:

The Interstate Commission of Nurse Licensure Compact Administrators proposes uniform rules pursuant to Article VIII of the Enhanced Nurse Licensure Compact (eNLC). The proposed rules are necessary to effectuate the implementation of the eNLC and provide proper guidance and clarification to licensees and applicants of the party states that will promote compliance with the eNLC.

Public Hearing:

The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) will hold a hearing on proposed rules via teleconference at 2:00 P.M. (Central Standard Time) on December 8, 2017, and at the National Council of State Boards of Nursing headquarters:

111 East Wacker Drive Suite 2900
 Chicago, IL 60601-4277

Any interested person may present verbal comments on the proposed rules by attending the public hearing or via teleconference

at 2:00 p.m. Central on December 8, 2017. Additional in-person and teleconference participant information is posted at www.ncsbn.org/enlcrules.

Written Comments:

Interested persons may electronically submit written comments regarding the proposed rules at www.ncsbn.org/enlcrules. Parties wishing to make a comment for consideration may do so by clicking the rule they wish to comment on and fill in the information requested along with the comment. Written comments on the proposed rules must be submitted by 2:00 p.m. Central on December 8, 2017.

If electronic submission is not possible, verbal comments will be permitted at the public hearing referenced above.

2. Statutory Authority for Rule Adoption

Authorizing statute: ICNLC: ART. VIII RULEMAKING

(a.) The Commission shall exercise its rulemaking powers pursuant

to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.

Implementing statutes:

ART. III; GENERAL PROVISIONS AND JURISDICTION (g):

(g) A nurse who fails to satisfy the multistate licensure requirements in Article III.c. due to a disqualifying event occurring after this Compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators ("Commission").

ARTICLE VII ESTABLISHMENT OF INTERSTATE COMMISSION NURSE LICENSURE COMPACT ADMINISTRATORS (d) (g) & (h)

(d). The Commission shall publish its bylaws and rules, and any

amendments thereto, in a convenient form on the website of the Commission.

(g) The Commission shall have the following powers:

1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states.

(h) The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based on formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.

3. Entire Text of Proposed Rules, Sections 100 through 500

SECTION 100. DEFINITIONS

- (1) "Commission" means the Interstate Commission of Nurse Licensure Compact Administrators.
- (2) "Compact" means the Nurse Licensure Compact that became effective on July 20, 2017 and implemented on January 19, 2018.
- (3) "Convert" means to change a multistate license to a single-

state license if a nurse changes primary state of residence by moving from a party state to a non-party state; or to change a single-state license to a multistate license once any disqualifying events are eliminated.

(4) "Deactivate" means to change the status of a multistate license or privilege to practice.

(5) "Director" means the individual referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws.

(6) "Disqualifying Event" means an incident, which results in a person becoming disqualified or ineligible to retain or renew a multistate license. These include but are not limited to the following: any adverse action resulting in an encumbrance, current participation in an alternative program, a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition), or a felony offense (which includes, but is not limited to, an agreed disposition).

(7) "Independent credentials review agency" means a non-governmental evaluation agency that verifies and certifies that foreign nurse graduates have graduated from nursing programs that are academically equivalent to nursing programs in the United States.

(8) "Licensure" includes the

authority to practice nursing granted through the process of examination, endorsement, renewal, and/or reinstatement.

(9) "Prior Compact" means the Nurse Licensure Compact that was in effect until January 19, 2018.

(10) "Unencumbered license" means a license in good standing with no current discipline, conditions or restrictions.

SECTION 200. COORDINATED LICENSURE INFORMATION SYSTEM

201. UNIFORM DATA SET AND LEVELS OF ACCESS

- (1) The Compact Administrator of each party state shall furnish uniform data to the Coordinated Licensure Information System, which shall consist of the following:
- (a) the nurse's name;
- (b) jurisdiction of licensure;
- (c) license expiration date;
- (d) licensure classification, license number and status;
- (e) public emergency and final disciplinary actions, as defined by the contributing state authority;
- (f) a change in the status of a disciplinary action or licensure encumbrance;
- (g) status of multistate licensure privileges;
- (h) current participation by the nurse in an alternative program;
- (i) information that is required to be expunged by the laws of a party state;

continued >>>

- (j) the applicant or nurse's United States social security number;
 - (k) current significant investigative information; and
 - (l) a correction to a licensee's data.
- (2) The public shall have access to items (1)(a) through (g) and participation in an alternative program to the extent allowed by state law.
- (3) In the event a nurse asserts that any Coordinated Licensure Information System data is inaccurate, the burden of proof shall be upon the nurse to provide evidence in a manner determined by the party state that substantiates such claim.
- (4) A party state shall report the items in the uniform data set to the Coordinated Licensure Information System within fifteen (15) calendar days.

202. QUERYING THE COORDINATED LICENSURE INFORMATION SYSTEM

- (1) Upon application for multistate licensure, with the exception of renewal by a nurse, a party state shall query the Coordinated Licensure Information System to determine the applicant's current licensure status, previous disciplinary action(s), current participation in an alternative program, and any current significant investigative information.
- (2) Upon discovery that an applicant is under investigation in another party state, the party state in receipt of the

nurse licensure application shall contact the investigating party state and may request investigative documents and information.

SECTION 300. IMPLEMENTATION
301. IMPLEMENTATION DATE

The Compact shall be implemented on January 19, 2018.

302. TRANSITION

- (1) (a) A nurse who holds a multistate license on the Compact effective date of July 20, 2017, and whose multistate license remains in good standing on the January 19, 2018 implementation date and who maintains and renews a multistate license is not required to meet the new requirements for a multistate license under the Compact.
- (b) A nurse who retained a multistate license pursuant to subsection (a) of this section and subsequently incurs a disqualifying event shall have the multistate license revoked or deactivated pursuant to the laws of the home state.
- (c) A nurse whose multistate license is revoked or deactivated may be eligible for a single state license in accordance with the laws of the party state.
- (2) A nurse who applies for a multistate license after July 20, 2017, shall be required to meet the requirements of Article III (c) of the Compact.
- (3) During the transition period, a new state licensee who holds a

single state license in a Compact state that was not a member of the prior Compact and holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive.

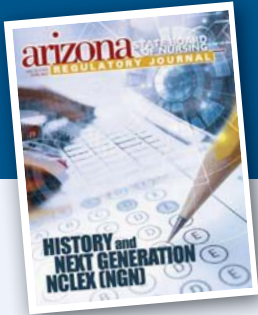
- (4) After the implementation date, party states shall not renew or reinstate a single state license if the nurse has a multistate license in another party state.

303. RECOGNITION OF NEW PARTY STATES AFTER JANUARY 19, 2018

- (1) All party states shall be notified by the Commission within fifteen (15) calendar days when a new party state enacts the Compact.
- (2) The new party state shall establish an implementation date six (6) months from enactment or as specified in the enabling language and shall notify the Director of the date.
- (3) Upon implementation, a new state licensee who holds a single state license in a Compact state that was not a member of the prior Compact and holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive.
- (4) At least ninety (90) calendar days prior to the implementation date, all other party states shall notify any active single state licensee with an address in the new party state that the licensee may only hold one multistate license in the primary state of residence. The

continued on page 24 >>>

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licensee shall be advised to obtain or maintain a multistate license only from the primary state of residence.

- (5) Each party state shall deactivate a multistate license when a new home state issues a multistate license.

SECTION 400. LICENSURE

401. PARTY STATE RESPONSIBILITIES

- (1) On all application forms for multistate licensure, a party state shall require, at a minimum:
- (a) A declaration of a primary state of residence and
- (b) Whether the applicant is a current participant in an alternative program.
- (2) (a) An applicant for licensure who is determined to be ineligible for a multistate license shall be notified by the home state of the qualifications not met.
- (b) The home state may issue a single state license pursuant to its laws.
- (3) A party state shall not issue a single state license to a nurse who holds a multistate license in another party state.

402. APPLICANT RESPONSIBILITIES

- (1) On all application forms for multistate licensure in a party state, an applicant shall declare a primary state of residence.

(2) A nurse who changes primary state of residence to another party state shall apply for a license in the new party state when the nurse declares to be a resident of the state and obtains privileges not ordinarily extended to nonresidents of the state, including but not limited to, those listed in 402 (4) (a) – (e).

(3) A nurse shall not apply for a single state license in a party state while the nurse holds a multistate license in another party state.

(4) A party state may require an applicant to provide evidence of residence in the declared primary state of residence. This evidence may include, but is not limited to, a current:

- (a) driver's license with a home address;
- (b) voter registration card with a home address;
- (c) federal income tax return with a primary state of residence declaration;
- (d) military form no. 2058 (state of legal residence certificate); or
- (e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.

(5) An applicant who is a citizen of a foreign country, and who is lawfully present in the United States and is applying for multistate licensure in a party state may declare either the

applicant's country of origin or the party state where they are living as the primary state of residence. If the applicant declares the foreign country as the primary state of residence, the party state shall not issue a multistate license, but may issue a single state license if the applicant meets the party state's licensure requirements.

- (6) An applicant shall disclose current participation in an alternative program to any party state, whether upon initial application or within ten (10) calendar days of enrollment in the program.

403. CHANGE IN PRIMARY STATE OF RESIDENCE

- (1) A nurse who changes his or her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse's application is processed and a multistate license is issued in the new primary state of residence.
- (2) Upon issuance of a new multistate license, the former primary state of residence shall deactivate its multistate license held by the nurse and provide notice to the nurse.
- (3) If a licensee who holds a multistate license changes primary state of residence to a non-party state, which has been verified by the party state,

continued on page 26 >>>

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the party state shall convert the multistate license to a single state license within fifteen (15) calendar days, and report this conversion to the Coordinated Licensure Information System.

404. TEMPORARY PERMITS AND LICENSES

A temporary permit, license, or similar temporary authorization to practice issued by a party state to an applicant for licensure shall not grant multistate licensure privileges unless the applicant has passed the NCLEX-RN, NCLEX-PN, or recognized predecessor examination and provides evidence of submitting fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the state agency responsible for retaining the state's criminal records, along with evidence of payment of the required fee.

405. IDENTIFICATION OF LICENSES

A license issued by a party state shall be clearly identified as either a single state license or a multistate license.

406. CREDENTIALING AND ENGLISH PROFICIENCY FOR FOREIGN NURSE GRADUATES

(1) A party state shall verify that an independent credentials review agency evaluated the credentials of non-native English speaking foreign nurse graduates of a pre-licensure program of nursing not taught in English.

(2) The party state shall verify successful completion of an English proficiency examination that includes all four of the components of reading, speaking, writing, and listening.

407. DEACTIVATION, DISCIPLINE AND REVOCATION

A party state shall determine whether a disqualifying event will result in adverse action or deactivation of a multistate license or privilege. Upon deactivation due to a disqualifying event, the home state may issue a single state license.

SECTION 500. ADMINISTRATION

501. DUES ASSESSMENT

- (1) The Commission shall determine the annual assessment to be paid by party states. The assessment formula is a flat fee per party state. The Commission shall provide public notice of any proposed revision to the annual assessment fee at least ninety (90) calendar days prior to the Commission meeting to consider the proposed revision.
- (2) The annual assessment shall be due within the Commission's first fiscal year after the implementation date and annually thereafter.

4. The contact person who can answer questions about the rulemaking:

Jim Puente, Director, Nurse Licensure Compact National

Council State Boards of Nursing (NSCBN)

Phone: 312-525-3601

Fax: 312-239-1032

E-mail: nursecompact@ncsbn.org

Website: www.ncsbn.org/enlcrules

5. Reason for the Rule Proposal:

The ICNLC Commission justification for rules is to formulate, implement and interpret the Nurse Licensure Compact July 20, 2017 enacted laws and describe the procedures or requirements.

The ICNLC Commission adopted a new Definitions, requirements for Coordinated Licensure Information System; procedures for Implementation; requirements for Licensure and Administration to further add clarity to regulations consistent with the Nurse Licensure Compact.

6. The preliminary summary of the economic, small business, and consumer impact:

The proposed rules provide additional clarity to the regulated public and are not expected to have measurable economic impact on the Commission, party state Boards of Nursing or regulated parties. The rulemaking poses no additional burden on Registered Nurses or Licensed/Vocational Nurses.

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Kevin Long at **602-364-5178**, or email Kevin at Kevin.long@ihs.gov.

I hope we'll talk soon.

Your Southwest adventure awaits you.



Greetings from the **Education and Evidence Based Regulation Team!**



November 2017

Update: Staff

During the last 12 months, the board welcomed Dr. Amy Steinbinder as Education Program Administrator and Dr. Dave Hrabe, Education Program Administrator.

Amy brings 35 years of proven leadership in healthcare organizations that includes organizational effectiveness and executive coaching consultation. She has worked extensively with organizations on their Magnet journey and also served

as a Magnet Surveyor for 10 years. Currently she specializes in executive leadership development, team coaching, strategic planning and implementation, designing cycles of innovation, and leading organizational change and safety. She is certified by Magnet (Assessment Based Certification), Board Certified Nursing Executive (ANCC), Patient Safety Officer ((IHI), and DISC and Emotional Intelligence. Amy is currently on faculty at ASU College of Nursing and Health Innovation. Early in her career Amy specialized in cardiovascular nursing.

Dave has over 40 years of nursing experience as a nurse, consultant and educator. Throughout his career as a psychiatric nurse, Hrabe has a long-standing interest in how to improve RN retention and patient care, receiving grants and awards, publishing papers, and lecturing on national healthcare issues. He currently serves as associate professor of clinical nursing and executive director, Academic Innovations and Partnerships at The Ohio State University College of Nursing. Currently Dave serves as an evaluator for CCNE.

Prior to his position at Ohio State, Hrabe served as associate dean, Nursing and Healthcare Innovation



Programs at Arizona State University. He has served in many local, state and national organizations including the National League for Nursing Nurse Educator Workforce Development Advisory Committee, Arizona Nurses Association, Southwest Sigma Theta Tau Research Consortium, and Western Institute of Nursing.

Amy and Dave join Cindy George, Dr. Mary Killeen, Lyn Ledbetter and myself to complete the Education Team. They bring a wealth of experience and wisdom to the Board and are already contributing significantly to our work.

Update: Strategic Initiatives

The Education Committee, led by Shawn Harrell and staff created 8 strategic areas of focus. Members of the Education Committee and other members of the community have been working diligently on the following topics:

1. **Website Education Page.** Lyn Ledbetter, Susan Mayer, Joseph Gaw and Carolyn McCormies have updated and streamlined both the content and the reports on the Education page. They have also decreased the number of years of data on the website to 5 years. Additional data can be obtained from Board staff for data older than 5 years. Please wander around the Education pages and let us know what you think.
2. **Rules Nursing Programs.** Members of the committee are Ronda Doolen, Joseph Gaw, Kathy Kenny, Lisa Smith, Margi Schultz, Nick DeFalco, Pam Stetina and Vicki Bradshaw. The committee has reviewed, edited and streamlined the rules to increase our focus on quality outcomes and also to address the Governor's call to minimize regulation whenever possible while assuring quality education. The draft is currently posted on the board website.
3. **Rules Nursing Assistant Programs.** Members of the committee include Cindy George, Matthew Willi, Carolyn Spano, Sally Nelsen, Tammy Nelson, Vicki Castillo, Janice Vermiglio-Smith, Tiffany Graybeal, Virginia Houghtin and Susan Jameson. Recommendations to add required in-person proctors for testing and updated checklist are being recommended. Elimination of the requirement for clinical contracts as a board requirement is also being suggested.
4. **New Graduate Information.** This committee created a FAQ (frequently asked questions) for graduating nurses to review and be aware of as they enter the practice of nursing have been created by Carolyn McCormies, Dawna Cato, Debra McGinty, Lonnie Wederski, Nancy Baumhover and Olivia Holt.
5. **Education Annual Report.** The annual report in which the numbers of students and graduates as well as NCLEX pass rates are collected is undergoing a major update. Committee members Deb McGinty, Dave Hrabe, Pam Fuller, Ronnie Cololazo, Tina Berry and Lyn Ledbetter have revised the data collection template to use an electronic collection tool and metrics that will meet Board requirements, CCNE, ACEN and selected workforce data requirements. The new revisions will be implemented for the 2017 data collection and be sent to colleges and schools by December 1, 2017.
6. **Program Application Content and Approval Processes.** Members of this committee Shawn Harrell, Vicki Bradshaw, Gloria Hager, Cindy George and Mary Killeen have reviewed the statute and rules requirements for application processes and are in the process of streamlining the document requirements, eliminating redundancies and updating forms.
7. **Site Visits.** This committee has addressed the site visits in which ACEN and CCNE accreditors are leading the accreditation visits, the content of self-study documents and focus of the work of Board staff during the accreditation visits. Members of the committee include Tina Berry, Polly Gosa, Tracy Schreiner, Mary Killeen, Ronda Doolen and Margi Schultz. Board staff are evaluating the five most recent site visits and will make recommendations in January 2018.
8. **Advisory Opinions.** This committee has reviewed education advisory opinions and made recommendations for changes. Two advisory opinions are still undergoing evaluation; Preceptor Roles and Distance Education. Members of the committee include Dawna Cato, Carolyn McCormies, Nancy Baumhover, Olivia Holt, Tammy Nelson and Vicki Bradshaw.
9. **Research Agenda.** Efforts to identify regulatory research priorities for graduate students have been undertaken by Kathy Malloch, Joey Ridenour, Dawna Cato, Olivia Holt, Connie Miller and Pauline Komnenich. Thus far, topics include building theory around nursing regulation, analysis

continued >>>

of the impact of simulation and technology on education, continued competence, delegation, effective curriculum models and more.

Update Deans and Directors Meeting

The 2017 Deans and Directors Meeting was held September 29, 2017 at Cochise College in Sierra Vista, AZ at Cochise College. Approximately 35 individuals attended to hear education updates, strategic initiative information, analysis of strategies to create an effective Systematic Evaluation Plans, discussion of the revised Triage Policy for complaint investigations, and to participate in group discussion and sharing of education strategies of millennials and multi-generational students.

Evaluations from the meeting were overwhelmingly positive.

Next year's meeting will be October 12, 2018. Tentative topic for the meeting is Understanding Accommodations in 2018. Location to be determined.

Update Communication 2018

Monthly calls will begin for deans, directors and program staff in January 2018. Tentative dates are the second Thursday of the month. Deans and Directors will occur at 11 am followed by Nursing Assistant Program Directors at 1 pm.

As always we welcome you to share your ideas and feedback with us.

Kathy Malloch, PhD, MBA, RN.
FAAN

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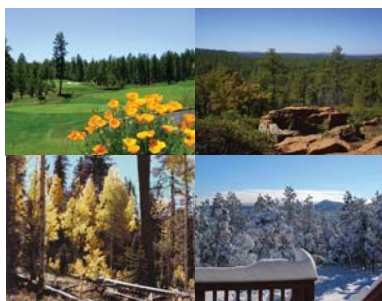
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- ▶ RN Float
- ▶ Manager of Case Management / Social Services (RN Required)
- ▶ Director of Surgical Services



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APRIL - MAY - JUNE 2017

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/29/2017	Almada Gonzalez, Paola I.	CNA1000023713	Revoked
6/28/2017	Barker, Sarah N.	CNA1000048280	Decree of Censure
6/27/2017	Berchini Simpson, Josie	CNA1000035840	Decree of Censure
5/3/2017	Brown, Derrica L.	CNA1000029665	Revoked
5/31/2017	Budy, Emilie E.	LNA1000022854	Voluntary Surrender
6/27/2017	Clah, Lorraine R.	CNA492013353	Revoked
6/26/2017	Cluster, Diana L.	CNA1000024421	Revoked
6/29/2017	Colbert, Debra A.	CNA1000013846	Revoked
5/17/2017	Dansby-Draime, Dianne B.	CNA Applicant	Certificate Denied
5/15/2017	David, Anna L.	CNA1000034015	Voluntary Surrender
6/29/2017	Doyle, Amanda L.	CNA1000022985	Revoked
5/11/2017	Estrella, Nathalie	CNA Applicant	Certificate Denied
6/26/2017	Feagins, Amanda R.	CNA1000043851	Revoked
5/17/2017	Garon, Brian M.	CNA Applicant	Certificate Denied
5/3/2017	Irvin, Michelle Y.	CNA1000030346	Revoked
4/14/2017	Jhinu, Erica A.	CNA1000049456	Revoked
5/4/2017	Johnson, Randall L.	CNA1000007462	Voluntary Surrender
*10/26/2016	Jones, Joseph J.	CNA Applicant	Certificate Denied
6/27/2017	Kellner-Amezcuca, Victoria	CNA1000040852	Decree of Censure
6/28/2017	Khmelinina, Olga	CNA1000013993	Revoked
4/7/2017	Lay, Sheila M.	CNA Applicant	Certificate Denied
6/9/2017	Louis, Beata L.	CNA1000018433	Decree of Censure
4/20/2017	Lowe, Ryan W.	CNA1000030171	Voluntary Surrender
6/29/2017	McCulloch, Neville A.	CNA999947128	Revoked
5/17/2017	Monroy, Mark A.	CNA Applicant	Certificate Denied
5/3/2017	Mpasi, Miltes S.	CNA1000047804	Decree of Censure
6/23/2017	Munsee, Brian S.	CNA1000052436	Revoked
4/21/2017	Nyberg, Chantel M.	CNA Applicant	Voluntary Surrender
5/19/2017	Ogello, Samantha M.	CNA1000055802	Revoked
4/28/2017	Oskins, James P.	CNA1000048359	Voluntary Surrender
*3/10/2016	Prado, Francisco	CNA Applicant	Certificate Denied
6/12/2017	Ramirez, Juliette M.	CNA1000042330	Voluntary Surrender
5/3/2017	Rasmussen, Chris R.	CNA1000036880	Revoked
4/17/2017	Rodriguez, Janet	CNA1000050332	Decree of Censure
6/28/2017	Salas, Connie	CNA488964441	Revoked
5/3/2017	Scott-Garrett, Yvette L.	CNA1000041434	Revoked
5/3/2017	Shaver, Kimberley M.	CNA1000005713	Revoked
5/3/2017	Simpson, Zachary R.	CNA Applicant	Certificate Denied
6/27/2017	Tillman, Angelica M.	CNA Applicant	Decree of Censure
5/15/2017	Vielma, Jesus A.	CNA Applicant	Certificate Denied
5/3/2017	Welch, Michael T.	CNA Applicant	Revoked

APRIL - MAY - JUNE 2017

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
5/19/2017	Ameden, Ruth E.	LP047839	Stayed Suspension with Probation
5/19/2017	Armenta, Frank	LP039908	Probation
5/30/2017	Baker, WellemenJa	RN139390	Stayed Revocation with Suspension
5/2/2017	Baylock, Cheryl C.	RN159603	Revocation
4/27/2017	Bell, Karina M.	RN172433	Decree of Censure
5/8/2017	Benson, Sara M.	RN Endorsement	License Denied
5/19/2017	Bezemek, Melody F.	RN203957	Decree of Censure
5/23/2017	Blanks, Denise M.	RN145299	Decree of Censure
6/5/2017	Brewer, Lori R.	RN Endorsement	License Denied
6/26/2017	Brown, Dane R.	RN148525	Revocation
6/7/2017	Bucciferro Sr, Joseph A.	LP047092	Decree of Censure
6/19/2017	Buckalew, Darlesa R.	RN071555	Probation
5/3/2017	Caballero, Teressa R.	LP046708	Revocation
4/28/2017	Choi, Yoon	RN157733	Revocation
6/2/2017	Chua, JeaneJe	RN139692	Voluntary Surrender
4/7/2017	Cresap, David A.	RN172498	Civil Penalty
5/11/2017	Datingaling-Panaligan, Andrea G.	RN061601	Probation
5/18/2017	Delhuerto, Gail J.	RN156290	Stayed Revocation with Suspension
4/27/2017	Dixon, Nanci J.	LP048004	Probation
6/16/2017	Drummond, Lisa D.	RN071771/AP6912	Decree of Censure
4/10/2017	Ekman, John K.	RN103097/P5457/AP1902	Decree of Censure
5/19/2017	Ellsworth Jr, Ronald M.	RN155000	Decree of Censure
5/11/2017	Ester, Latosha L.	RN Endorsement	License Denied
6/23/2017	Ferguson, Pamela J.	RN139913	Voluntary Surrender
4/13/2017	Fett, Karen J.	RN066870	Probation
6/26/2017	Fijalka, Rayell M.	RN121561	Revocation
5/15/2017	Gibson, Angela M.	LPN Endorsement	License Denied
5/3/2017	Gilger, Jazmine N.	RN178337	Revocation
5/19/2017	Gilliland, Adam T.	RN161933	Probation
6/26/2017	Gorsuch, Jasmine E.	LP045725	Revocation
4/26/2017	Gurtler, Chris B.	RN160877	Decree of Censure
6/29/2017	Guy, James E.	RN177281/CNA1000026785	Revocation
6/19/2017	Hadley, Frank J.	LP036210	Revocation
5/30/2017	Hall, Gwendolyn L.	RN026024/AP7052	Voluntary Surrender
5/18/2017	Hall, Gwendolyn L.	RN026024/AP7052	Summary Suspension
4/5/2017	Hanson-Bain, Joan E.	RN058516	Decree of Censure

APRIL - MAY - JUNE 2017

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/29/2017	Hartley, John M.	LP046814	Decree of Censure
5/2/2017	Harvey, Trina L.	RN145055	Revocation
5/19/2017	Hendricks, Jacqueline M.	RN164678	Probation
4/18/2017	Hendricks, Tania E.	RN161209	Decree of Censure
6/27/2017	Henry, Megan D.	LP040217	Decree of Censure
5/10/2017	Hom, CharloJe E.	RN159537	Decree of Censure
6/21/2017	Hurley, Eve	RN091813	Decree of Censure
5/10/2017	Johnstone, Linda T.	RN075203/LP024203	Voluntary Surrender
6/23/2017	Jones, Martha M.	RN059962	Voluntary Surrender
5/19/2017	Jones-Butler, Arva L.	RN130475	Decree of Censure
6/15/2017	Kakou, Aeriodne S.	RN208129/LP049516	Probation
6/15/2017	Key, Karlie N.	LP045400	Voluntary Surrender
6/6/2017	Kimble, Loreen L.	TRN204236	Voluntary Surrender
4/3/2017	Knight, Kimberly M.	RN173416	Voluntary Surrender
5/19/2017	Korn, Shenandoah L.	RN207563	Stayed Revocation with Probation
6/6/2017	Lake, Lou Ann J.	RN173673	Stayed Revocation with Probation
5/2/2017	Langham, Danielle L.	RN172715	Voluntary Surrender
6/2/2017	Lawlyes, Tyler J.	RN199340	Revocation
4/18/2017	Leslie Augustus, Debra	RN148592/AP2872	Revocation
5/19/2017	Lindenmoyer, Jane E.	RN152248	Voluntary Surrender
5/3/2017	Lindsey, James E.	RN158237	Revocation
6/30/2017	Ljrell, Margaret E.	RN201354	Voluntary Surrender
5/19/2017	Marsh, Dana G.	LP035962	Suspension
4/26/2017	McKinley, Allison C.	RN190340	Decree of Censure
4/13/2017	McRae, Jose A.	RN154196	Decree of Censure
4/13/2017	Meenan, Laurie A.	RN115475	Stayed Revocation with Suspension
5/15/2017	Mindingall, Ubah A.	RN Endorsement	License Denied
5/26/2017	Mitchell, Robert L.	RN094677/CNA994812033	Revocation
6/29/2017	MonDel, Jinky S.	RN142739	Decree of Censure
5/3/2017	Moore, Kathleen M.	LP045450	Revocation
4/13/2017	Newell, Katelyn M.	RN170513	Stayed Revocation with Suspension
5/19/2017	Noirfalise, Corina J.	RN134754	Probation
4/20/2017	Norris, Teri K.	RN194767	Decree of Censure
3/27/2017	O'Conner, ScoJ M.	RN178690	Voluntary Surrender
4/28/2017	Palmer, Mauda K.	RN094532	Revocation
5/15/2017	Peraza, Irene G.	LPN Endorsement	License Denied

APRIL - MAY - JUNE 2017

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
3/24/2017	Pierce, Julianne D.	RN071833/AP7213	Probation
6/16/2017	Rangel, Shannon M.	LP041945	Voluntary Surrender
6/19/2017	Relampagos, Haron R.	RN138329	Decree of Censure
6/20/2017	Roberge, Sandra T.	RN147223	Probation
4/3/2017	Rosenfeld, Muriel	RN051184/AP7295	Decree of Censure
6/28/2017	Roy, Mark R.	RN178825	Decree of Censure
5/10/2017	Rugen, Tammy S.	RN106595	Voluntary Surrender
6/20/2017	Sanchez, Rafael	RN169293	Probation
6/29/2017	Schaller, Debra K.	RN141896	Revocation
6/23/2017	Sessions, Teresa W.	RN Endorsement	License Denied
4/7/2017	Sharpe, Andrew E.	RN207034	Decree of Censure
5/3/2017	Sheldon, Jobeth K.	RN174917	Revocation
6/26/2017	Simpson, Nancy A.	RN129686	Revocation
6/16/2017	Siripoon, Mayuree	RN094885/AP4090	Civil Penalty
5/26/2017	Smith, Michelle L.	RN Endorsement/AP Exam	License Denied
6/28/2017	Snyder, Alice M.	RN053313/LP013598	Revocation
5/3/2017	Stevens, Clare A.	RN112252	Revocation
6/29/2017	Stout, Allen E.	RN170748	Stayed Suspension with Probation
4/28/2017	Thompson, Jilaine	Compact, VA-RN	Revocation-Privilege to Practice
4/3/2017	Todd, Amber C.	LP044168	Voluntary Surrender
5/3/2017	Valadez, Monica J.	RN154555	Voluntary Surrender
5/18/2017	Valdez, George	RN165005/LP044690	Stayed Revocation with Suspension
5/11/2017	Valentine, Shirley A.	RN153550	Civil Penalty
5/3/2017	Vanderwalker, Linda S.	RN071998	Revocation
5/23/2017	Velazquez, Jamie L.	RN163540/CNA1000005543	Voluntary Surrender
6/29/2017	Villalobos, Gloria L.	LP Exam	Civil Penalty
6/27/2017	Vitale, Catherine S.	LP035408	License Renewal Denied
4/13/2017	Warren, Tamara L.	RN207249	Stayed Revocation with Suspension
5/15/2017	Webber, KrisDe D.	RN Endorsement	License Denied
4/28/2017	Whiteaker, BreJ A.	RN168273	Revocation
6/29/2017	Williams, Rachel G.	LP036584	Decree of Censure
4/14/2017	Winters, Jennifer L.	RN123841	Reissuance with Decree of Censure
4/17/2017	Witt, Kathleen A.	RN058254	Voluntary Surrender
5/18/2017	Woodbridge, Timothy W.	RN180669	Stayed Revocation with Probation
4/7/2017	Worwa-Stepniowski, Elzbieta	RN142085	Decree of Censure
6/12/2017	Yates, Courtney	RN189735	Voluntary Surrender

**WE'RE
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All contact numbers and email addresses will remain the same.

New address as of December 18, 2017 is:

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