



BOARD OF NURSING
Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
September 11, 2014

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-5)**
- B. Presentation of Petition for Summary Suspension in Case Number 14NUR117 – Carrie Pietrasik-Dewey, R.N. (6-23)**
- C. Presentation of Petition for Designation of Hearing Official in Case Number 14NUR117 – Carrie Pietrasik-Dewey, R.N. (24-26)**
- D. Approval of the Minutes of July 10, 2014 (27-36)**
- E. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Paul Abegglen – 7/1/2015
 - b. Julie Ellis – 7/1/2015
 - c. Maria Joseph – 7/1/2013
 - d. Sheryl Krause – 7/1/ 2018
 - e. Jeffrey Miller – 7/1/2016
 - f. Peter Kallio – 7/1/ 2018
 - g. Lillian Nolan – 7/1/2015
 - h. Luann Skarlupka – 7/1/2017
 - i. Cheryl Streeter – 7/1/2017
- F. Carthage College Request for Authorization to Plan a Nursing School – Discussion and Consideration (37-43)**
- G. APPEARANCE – Wisconsin 2013 LPN Workforce Survey Report (44-77)**

H. Legislative and Administrative Rule Matters – Discussion and Consideration (78)

- 1) Update on N 5, 6 relating to Renewal and Practice Standards
- 2) Update on N 8 Relating to APNP
- 3) Implementation of new N 1 Relating to School Approval
- 4) Update on Pending and Possible Rulemaking Projects

I. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration

- 1) Report from Attendees of the NCSBN Annual Meeting **(79-104)**
- 2) Dr. Julie Ellis Appointed to NCLEX Examination Committee **(105-107)**

J. Discussion and Consideration of Items Received After Preparation of the Agenda:

- 1) Introductions, Announcements, and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Final Decision and Order(s)
- 5) Informational Item(s)
- 6) DLSC Matters
- 7) Status of Statute and Administrative Rule Matters
- 8) Education and Examination Matters
- 9) Credentialing Matters
- 10) Practice Questions
- 11) Legislation / Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Speaking Engagement(s), Travel, or Public Relations Request(s)
- 14) Consulting with Legal Counsel

K. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

L. Deliberation of Petition for Summary Suspension in Case Number 14NUR117 – Carrie Pietrasik-Dewey, R.N.

M. Deliberation of Petition for Designation of Hearing Official in Case Number 14NUR117 – Carrie Pietrasik-Dewey, R.N.

N. Deliberation and Review of Administrative Warning

- 1) **APPEARANCE: 14NUR211 (D.J.K.) – WARN#00000116 (108-134)**

O. **Deliberation of Division of Legal Services and Compliance Matters**

- 1) **Monitoring matters including but not limited to; Modifications, Reinstatements, and consideration of Board Order violations**
 - a. **APPEARANCE: Jennifer Flegel, R.N. – Requesting Full Licensure (135-153)**
 - b. Nicole Deeth, L.P.N. – Reduction in Screens & Termination of Treatment **(154-170)**
 - c. Vyacheslav (“Slava”) Dubrovsky, R.N. – Termination of Practice Restrictions **(171-193)**
 - d. Jennifer Flynn, R.N. – Requesting Full Licensure **(194-214)**
 - e. Angela Hanaman, R.N. – Termination of Treatment & Reduction in Screens **(215-236)**
 - f. Kristine Kennedy, R.N. – Access to Controlled Substances & Termination of Direct Supervision **(237-257)**
 - g. Therese Schneider, R.N. – Access to Controlled Substances **(258-293)**
 - h. Joan Wegner, R.N. – Requesting Full Licensure **(294-312)**
- 2) **Proposed Stipulations, Final Decisions and Orders**
 - a. 12NUR534 (B.A.P.) **(313-318)**
 - b. 13NUR174 and 13NUR580 (C.L.D.) **(319-332)**
 - c. 13NUR276, 13NUR481 and 13NUR643 (J.F.A.) **(333-346)**
 - d. 13NUR424 (B.H.S.) **(347-358)**
 - e. 13NUR451 (C.K.D.) **(359-365)**
 - f. 13NUR453 (B.J.P.) **(366-379)**
 - g. 13NUR512 (T.K.Y.) **(380-385)**
 - h. 13NUR538 (J.M.K.) **(386-393)**
 - i. 13NUR676 (S.M.S.) **(394-399)**
 - j. 13NUR693 (R.L.R.) **(400-406)**
 - k. 13NUR720 (C.A.S.) **(407-414)**
 - l. 14NUR061 (R.A.L.) **(415-421)**
 - m. 14NUR075 (D.L.M.) **(422-427)**
 - n. 14NUR133 (J.J.G.) **(428-439)**
 - o. 14NUR137 (J.K.W.) **(440-446)**
 - p. 14NUR164 (J.J.H.) **(447-452)**
 - q. 14NUR195 (K.A.A.) **(453-465)**
 - r. 14NUR245 (D.K.P.) **(466-471)**
 - s. 14NUR309 (M.A.N.) **(472-477)**
 - t. 14NUR314 (J.L.S.) **(478-487)**
 - u. 14NUR338 (A.S.) **(488-495)**

- 3) **Administrative Warnings**
 - a. 14NUR068 (C.D.W.) **(496-497)**
 - b. 14NUR301 (K.M.W.) **(498-499)**
 - c. 14NUR317 (J.A.K.) **(500-501)**
 - d. 14NUR266 (W.L.A.) **(502-503)**
 - e. 14NUR342 (K.A.W.) **(504-505)**
 - f. 24NUR343 (A.J.K.) **(506-507)**

4) Case Status Report **(508-522)**

5) Case Closures

P. Deliberation of Credentialing Matters

- 1) Evan Brown – Conviction Review **(523-588)**
- 2) Nicole Clark – Conviction Review **(589-600)**
- 3) Kristine Kohlmann – Reinstatement Review **(601-636)**
- 4) Angela Mangold – Modification Review **(637-647)**
- 5) Michael McCormack – Reinstatement Review **(648-659)**
- 6) Valerie Rislove – Unlicensed Practice Review **(660-668)**
- 7) Kelly Stemper – Reinstatement Review **(669-679)**
- 8) Karen Stern – Competency Review **(680-719)**

Q. Deliberation of Items Received After Preparation of the Agenda

- 1) Professional Assistance Procedure (PAP)
- 2) Monitoring Matters
- 3) Administrative Warnings
- 4) Review of Administrative Warnings
- 5) Proposed Stipulations, Final Decisions and Orders
- 6) Proposed Final Decisions and Orders
- 7) Orders Fixing Costs/Matters Related to Costs
- 8) Petitions for Summary Suspension
- 9) Petitions for Re-hearings
- 10) Complaints
- 11) Examination Issues
- 12) Credential Issues
- 13) Appearances from Requests Received or Renewed
- 14) Motions
- 15) Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION
Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

R. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
1) **Nursing Forward – Draft Newsletter (720-726)**

S. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is October 9, 2014.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Meena Balasubramanian, Paralegal on behalf of Attorney Kim M. Kluck Division of Legal Services and Compliance		2) Date When Request Submitted: August 29, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: September 11, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Summary Suspension in Case Number 14 NUR 117, Carrie Pietrasik-Dewey, R.N.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Jeffrey Miller	
10) Describe the issue and action that should be addressed: The Board must decide whether to grant the Petition for Summary Suspension. Respondent has the right to appear during open session presentation to be heard [Wis. Stat. § 227.51(3)]. The Board must decide whether there is probable cause to believe that: <ol style="list-style-type: none"> 1. Respondent has violated the Board's statutes and rules; 2. It is necessary to suspend Respondent's license immediately to protect the public health safety or welfare. 			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 NUR 117
CARRIE PIETRASIK-DEWEY, R.N., :
RESPONDENT. :

NOTICE OF PRESENTATION OF PETITION FOR SUMMARY SUSPENSION

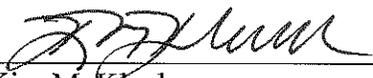
To: CARRIE PIETRASIK-DEWEY, R.N.
5436 W. SHEENA DRIVE
GLENDALE, AZ 85306

CARRIE PIETRASIK-DEWEY, R.N.
5490 W. BELOIT RD, #4
MILWAUKEE, WI 53217

PLEASE TAKE NOTICE that the Petitioner, Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance, will present the attached Petition for Summary Suspension to the Wisconsin Board of Nursing at the following date, time and place:

Date: September 11, 2014
Time: TBD
Place: Room 121A
1400 E. Washington Avenue, Madison, Wisconsin 53703

Dated at Madison, Wisconsin this 29th day of August, 2014



Kim M. Kluck
Prosecuting Attorney
Wisconsin State Bar Number 1047485
Department of Safety & Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-9925
Fax (608) 266-2264

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC Case No. 14 NUR 117
CARRIE PIETRASIK-DEWEY, R.N., :
RESPONDENT. :

PETITION FOR SUMMARY SUSPENSION
[Wis. Stat. § 441.07 and Wis. Admin. Code ch. SPS 6]

I, Kim M. Kluck, being duly on affirmation, upon information and belief, depose and state as follows:

1. I am a prosecuting attorney employed by the Wisconsin Department of Safety and Professional Services (“the Department”), Division of Legal Services and Compliance. In the course of my job duties I have been assigned to the investigation and prosecution of case number 14 NUR 117 on behalf of the Wisconsin Board of Nursing. The case concerns the professional nursing license of Carrie Pietrasik-Dewey, R.N., Respondent.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin, and my business mailing address is P.O. Box 7190, Madison, WI 53707-7190.

3. Respondent Carrie Pietrasik-Dewey, R.N., (dob June 19, 1962), is licensed in the State of Wisconsin as a professional nurse, having license number 121470-30, first issued on November 20, 1995 and current through February 29, 2016. Respondent’s most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 5490 W. Beloit Road, #4, Milwaukee, Wisconsin 53217. On information and belief, Respondent’s current address is 5436 W. Sheena Drive, Glendale, Arizona 85306.

4. At all times relevant to this proceeding, Respondent was employed as a professional nurse at several facilities located in Arizona.

5. On May 16, 2014, the Arizona State Board of Nursing (Arizona Board) issued a Final Order (Final Order) imposing discipline against Respondent’s privilege to practice in Arizona based on her Wisconsin multistate compact license. The Arizona Board revoked the Arizona registered nurse license number issued to Respondent. The discipline was based on the following conduct by Respondent at four facilities in Arizona during the period of December 2010 through March of 2012:

a. On or about December 18, 2010, while on duty as a professional nurse in the emergency department at a medical center in Yuma, Arizona, Respondent was observed to be falling asleep while having a conversation with another nurse.

- b. On or about June 21, 2011, while on duty at the medical center in Yuma, Respondent fell asleep. On that same date, Respondent submitted a urine sample for drug testing which was positive for marijuana and prescribed oxycodone. Respondent claimed that she had a medical marijuana card for her marijuana usage.
- c. Between July 12 and 24, 2011, while employed in an emergency room at a medical center in Cottonwood, Arizona, Respondent exhibited substandard nursing care which included an inability to prioritize her workload and charting issues which continued despite additional training.
- d. Between August 1 and September 6, 2011, while working in an emergency room at a medical center in Payson, Arizona, Respondent exhibited sub-standard nursing care which included failure to follow patient orders, failure to assess the needs of the department and her patients, and excessive and extended breaks even when the department was busy.
- e. Between October 19 and December 5, 2011, while working in an emergency room at a health center in Tuscon, Arizona, Respondent exhibited repeated unsafe nursing practices including failure to carry out physicians' orders in a timely manner, incorrectly administering insulin, and failing to timely and appropriately discharge or transfer patients to make bed space available to waiting emergently ill or injured patients.
- f. On or about March 15, 2012, while working at an emergency room at a facility in Mesa, Arizona, Respondent engaged in sub-standard nursing practice in basic nursing care, failed to apply a cardiac monitor to a critically ill patient, and needed constant supervision.
- g. On or about March 19, 2012, Respondent falsely answered "no" to an employment application question that asked if Respondent had ever been discharged from employment, when she was involuntarily terminated from previous employer in July 2011. Also failed to disclose supplemental healthcare and falsely listed the reason for leaving employment.
- h. Between August 24, 2012 and May 14, 2013, while working as a professional nurse at a hospital in Phoenix, Arizona, Respondent exhibited a pattern of sub-standard nursing care including submitting incomplete admission assessments on a repeated basis, refusing to complete admission assessment on in-patient units, failing to answer calls she received over the internal paging system and taking excessive/extended breaks.

6. By the conduct described in paragraph #5 above, Carrie Pietrasik-Dewey, R.N., engaged in unprofessional conduct as defined in Wis. Admin. Code § N 7.04(7) by having disciplinary action through final board adjudication taken against her license in another jurisdiction.

7. A proposed formal Complaint to be filed with the Division of Hearings and Appeals, alleging that Respondent has committed unprofessional conduct is submitted concurrently with this petition.

8. There is probable cause to believe that it is necessary to suspend Respondent's license immediately to protect the public health, safety or welfare, based on the above conduct by the Respondent.

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Board of Nursing:

1. Find that sufficient notice of this proceeding has been given to Respondent Carrie Pietrasik-Dewey, R.N., as required by Wis. Admin. Code ch. SPS 6.05.

2. Find that Wis. Stat. §§ 227.51(3), 441.07, and Wis. Admin. Code ch. SPS 6.03(4), provide the Board with authority to summarily suspend Respondent's right to renew her nursing license, upon probable cause to believe that Respondent violated the provisions of chapter 441, Wisconsin Statutes, and probable cause to believe that the public health, safety, or welfare imperatively requires emergency action.

3. Find probable cause to believe that Respondent has violated Wis. Stat. § 441.07 and Wis. Admin. Code § N 7.04(7) by having disciplinary action through final board adjudication taken against her license in another jurisdiction.

4. Find that it is necessary to immediately suspend Respondent's license to practice as a professional nurse in the State of Wisconsin, including the multi-state privilege to practice under the Nurse Licensure Compact, to protect the public's health, safety or welfare.

5. Issue an order summarily suspending Respondent's right to renew her license to practice as a professional nurse in the State of Wisconsin, and to also summarily suspend Respondent's multi-state privilege to practice under the Nurse Licensure Compact.

6. Notify Respondent that she has the right to request a hearing to show cause as to why the summary suspension order should not be continued.

7. Identify the witnesses who provided evidence at the time the petition for summary suspension was presented, and identify the evidence used as a basis for the decision to issue the summary suspension order.

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC Case No. 14 NUR 117
CARRIE PIETRASIK-DEWEY, R.N., :
RESPONDENT. :

AFFIDAVIT OF INVESTIGATOR STEVE ROHLAND

STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Steve Rohland, being duly under oath, upon information and belief, deposes and states, as follows:

1. I am an investigator employed by the Department of Safety and Professional Services (Department), Division of Legal Services and Compliance. In that position I am assigned to investigation 14 NUR 117 of Respondent Carrie Pietrasik Dewey, R.N.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is P.O. Box 7190, Madison, Wisconsin 53707-7190.

3. Respondent Carrie Pietrasik-Dewey, R.N., (dob June 19, 1962), is licensed in the State of Wisconsin as a professional nurse, having license number 121470-30, first issued on November 20, 1995 and current through February 29, 2016. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 5490 W. Beloit Road, #4, Milwaukee, Wisconsin 53217. On information and belief, Respondent's current address is 5436 W. Sheena Drive, Glendale, Arizona 85306.

4. At all times relevant to this proceeding, Respondent was employed as a professional nurse at several facilities located in Arizona.

5. On May 16, 2014, the Arizona State Board of Nursing ("Arizona Board") issued a Final Order ("Final Order") imposing discipline against Respondent's privilege to practice in Arizona based on her Wisconsin multistate compact license. The Arizona Board revoked the Arizona registered nurse license number issued to Respondent. The discipline was based on the following conduct by Respondent at four facilities in Arizona during the period of December 2010 through March of 2012:

- a. On or about December 18, 2010, while on duty as a professional nurse in the emergency department at a medical center in Yuma, Arizona,

Respondent was observed to be falling asleep while having a conversation with another nurse.

- b. On or about June 21, 2011, while on duty at the medical center in Yuma, Respondent fell asleep. On that same date, Respondent submitted a urine sample for drug testing which was positive for marijuana and prescribed oxycodone. Respondent claimed that she had a medical marijuana card for her marijuana usage.
- c. Between July 12 and 24, 2011, while employed in an emergency room at a medical center in Cottonwood, Arizona, Respondent exhibited substandard nursing care which included an inability to prioritize her workload and charting issues which continued despite additional training.
- d. Between August 1 and September 6, 2011, while working in an emergency room at a medical center in Payson, Arizona, Respondent exhibited sub-standard nursing care which included failure to follow patient orders, failure to assess the needs of the department and her patients, and excessive and extended breaks even when the department was busy.
- e. Between October 19 and December 5, 2011, while working in an emergency room at a health center in Tuscon, Arizona, Respondent exhibited repeated unsafe nursing practices including failure to carry out physicians' orders in a timely manner, incorrectly administering insulin, and failing to timely and appropriately discharge or transfer patients to make bed space available to waiting emergently ill or injured patients.
- f. On or about March 15, 2012, while working at an emergency room at a facility in Mesa, Arizona, Respondent engaged in sub-standard nursing practice in basic nursing care, failed to apply a cardiac monitor to a critically ill patient, and needed constant supervision.
- g. On or about March 19, 2012, Respondent falsely answered "no" to an employment application question regarding "discharge from employment", when involuntarily terminated from previous employer in July 2011. Also failed to disclose Supplemental Healthcare and falsely listed the reason for leaving employment.
- h. Between August 24, 2012 and May 14, 2013, while working as a professional nurse at a hospital in Phoenix, Arizona, Respondent exhibited a pattern of sub-standard nursing care including submitting incomplete admission assessments on a repeated basis, refusing to complete admission assessment on in-patient units, failing to answer calls she received over the internal paging system and taking excessive/extended breaks.

6. In the course of my investigation, I obtained and reviewed a certified copy of the Findings of Fact, Conclusions of Law and Order in which the Arizona Board disciplined Respondent's Arizona registered nurse license number RN076361. The Arizona Board revoked

registered nurse license number RN076361 issued to Respondent. The Order further stated that Respondent could apply for reinstatement after a period of five years. A certified copy of the Arizona Board Order is attached hereto and marked as Exhibit A.

Steve Rohland
Investigator Steve Rohland

Subscribed and sworn to before me
this 21 day of August, 2014.

B. B. B.
Notary Public

My Commission expires on 3-27-2016

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Home Page: <http://www.azbn.gov>

AFFIDAVIT OF CUSTODIAN OF RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

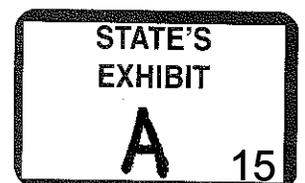
I, Joey Ridenour, Executive Director for the Arizona State Board of Nursing, County of Maricopa, State of Arizona, do hereby certify that I am the officer having the legal custody for the records hereto attached in the office of the Arizona State Board of Nursing, County of Maricopa, State of Arizona, a public office of said State. The attached copies are true copies of the records on **CARRIE PIETRASIK DEWEY**. Personnel of the Arizona State Board of Nursing prepared the records during the ordinary course of business.

Witness my hand and the seal of the Arizona State Board of Nursing at 4747 N. 7th Street, Suite 200, Phoenix, Arizona 85014-3655 on June 24, 2014.

SEAL

Joey Ridenour R.N. M.N. F.A.A.N.

Joey Ridenour, R.N., M.N., F.A.A.N.
Executive Director



1 **ARIZONA STATE BOARD OF NURSING**
2 **4747 North 7th Street, Ste 200**
3 **Phoenix, Arizona 85014-3655**
4 **602-771-7800**

5 IN THE MATTER OF THE REGISTERED
6 NURSE LICENSE NO. RN076361

7 ISSUED TO: CARRIE PIETRASIK DEWEY,
8 AKA: CARRIE LEE PIETRASIK

9 RESPONDENT

**FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND ORDER NO. 1107055**

10
11 On May 16, 2014, the Arizona State Board of Nursing ("Board") considered the State's Motion
12 to Deem Allegations Admitted and Recommended Discipline and Respondent's Response to the
13 Motion, if any, at the Arizona Board of Nursing, 4747 North 7th Street, Suite 200, Phoenix Arizona
14 85014-3655. Elizabeth Campbell, Assistant Attorney General, appeared on behalf of the State.
15 Respondent was not present and was not represented by counsel.

16
17 On May 16, 2014, the Board granted the State's Motion to Deem Allegations Admitted. Based
18 upon A.R.S. § 32-1663(F) and Notice of Charges No. 1107055 issued in this matter, the Board adopts
19 the following Findings of Fact, Conclusions of Law, and **REVOKES** Respondent's license.

20 **FINDINGS OF FACT**

- 21
- 22 1. Carrie Pietrasik Dewey ("Respondent") holds Board issued registered nurse license no.
23 RN076361.
 - 24 2. Respondent worked as a RN in Arizona on a privilege to practice pursuant to her
25 Wisconsin multistate compact license no. RN121470.
 - 26 3. On or about July 12, 2011 the Board received a complaint from the Human Resources
27 Director stating that Respondent, while working as a RN at Yuma Regional Medical Center (YRMC) in
28 Yuma Arizona, had fallen asleep on more than one occasion while on duty in the Emergency Room.
29

1 The complaint also stated that a "fitness to practice" urine drug screen had been obtained from
2 Respondent on two occasions which showed the presence of several controlled substances, for which
3 Respondent had prescriptions. Respondent was terminated from her position at YRMC due to concerns
4 about her ability to safely practice as a RN while falling asleep during her shift. Based on this
5 information, the Board conducted an investigation.
6

7 4. During the course of the investigation, the Board found that since the time the original
8 complaint from the Human Resource Director at YRMC was filed, Respondent has worked as a RN for
9 three additional employers in Arizona. The employment records from the subsequent employers were
10 reviewed and performance problems were found in subsequent employment records, but were not
11 reported to the Board.
12

13 5. On or about December 18, 2010, while on duty as a RN in the emergency department at
14 Yuma Regional Medical Center (YRMC), and not on a break, Respondent was observed to be falling
15 asleep while having a conversation with another nurse. On January 24, 2012 in a written investigative
16 questionnaire received by the Board, Respondent admitted that she was "nodding off".
17

18 6. On or about June 21, 2011, while on duty as a RN at YRMC and not on a break,
19 Respondent fell asleep.
20

21 7. On or about June 21, 2011, while on duty as a RN at YRMC, Respondent submitted a
22 urine sample for drug testing, which was positive for marijuana and prescribed oxycodone. On or
23 about July 1, 2011 Respondent admitted to Human Resources Director, Wisniewski, that she used
24 marijuana and stated that she had a medical marijuana card.
25

26 8. From on or about July 12, 2011 to on or about July 24, 2011 while employed as a RN by
27 Supplement Healthcare Solutions and working as an RN in the emergency room at Verde Valley
28 Medical Center in Cottonwood, AZ, Respondent exhibited sub-standard nursing care which included an
29

1 inability to prioritize her workload and unspecified charting issues which continued despite additional
2 training, which led to Respondent's termination from the travel assignment.

3
4 9. From on or about August 1, 2011 to on or about September 06, 2011 while employed as
5 a RN by Supplement Healthcare Solutions and working as an RN in the emergency room at Payson
6 Regional Medical Center in Payson, AZ, Respondent exhibited sub-standard nursing care which
7 included failure to follow patient orders, failure to assess the needs of the department and her own
8 patients, and excessive and extended breaks even when the department was busy which led to her
9 termination from the travel assignment.
10

11 10. From on or about October 19, 2011 to on or about December 5, 2011 while employed as
12 a RN by Supplement Healthcare Solutions and working as an RN in the emergency room at the
13 University of Arizona Health Network in Tucson, AZ, Respondent reportedly exhibited repeated
14 unsafe nursing practice including failure to carry out physicians' orders in a timely manner for critically
15 ill patients, incorrectly administering insulin and delaying patient care by failing to discharge or
16 transfer patients timely and appropriately to make bed space available to the waiting emergently ill or
17 injured patients. As a result of Respondent's practice issues, she was terminated from the travel
18 assignment on December 6, 2011.
19
20

21 11. On or about March 15, 2012, while employed by Concentric Healthcare Solutions and
22 working as a RN in the emergency room at Mountain Vista Medical Center in Mesa, AZ, Respondent
23 reportedly needed constant supervision, was unclear about basic nursing care, had no sense of urgency
24 or initiative when caring for patients and failed to apply a cardiac monitor to a critically ill patient. Due
25 to the reportedly sub-standard nursing care provided by Respondent, she was placed on "do not return"
26 status and was unable to work any additional shifts at Mountain Vista Medical Center.
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1 12. On or about March 19, 2012, Respondent submitted an employment application for a
2 RN position at John C. Lincoln – Deer Valley Hospital in Phoenix, AZ in which she falsely answered
3 “no” to the question, “Have you ever been discharged from employment?”, when Respondent had been
4 involuntarily terminated from YRMC in July, 2011, and Supplemental Healthcare in December, 2011,
5 prior to submitting the application. On the same application, Respondent failed to disclose
6 Supplemental Healthcare as a previous employer and falsely listed the reason for leaving employment
7 with YRMC as “Looking to relocate to Phoenix to be closer to family”.

8
9
10 13. On or about August 24, 2012 to on or about May 14, 2013 while employed as an RN at John C.
11 Lincoln – Deer Valley Hospital in Phoenix, AZ, Respondent exhibited a pattern of sub-standard nursing
12 care including repeatedly submitting incomplete admission assessments, failing to complete the
13 expected number of admission assessments, refusing to complete admission assessments on the in-
14 patient units, failing to answer calls she received over the internal paging system and taking excessive
15 and extended breaks. These behaviors continued despite performance improvement plans and coaching
16 provided by her supervisory staff, which led to her involuntary termination from employment.

17
18 14. On or about December 6, 2013, Board staff made an attempt to contact Respondent at
19 the address of record. On December 10, 2013, the letter was returned to the Board by the postal service
20 labeled as undeliverable. Respondent failed to update her address with the Board within 30 days, as
21 required.

22
23 15. In or around October of 2010, Respondent changed her primary state of residence to
24 Arizona but failed to apply for an Arizona nursing license within 30 days as required. Respondent
25 worked in Arizona without a valid, Arizona RN license from or about November of 2010 to or about
26 June of 2013.

1 (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the
2 public.

3 (e) Being mentally incompetent or physically unsafe to a degree that is or might be harmful or
4 dangerous to the health of a patient or the public.
5

6 (g) Willfully or repeatedly violating a provision of this chapter or a rule adopted pursuant to this
7 chapter.

8 (j) Violating this chapter or a rule that is adopted by the Board pursuant to this chapter.
9

10 A.R.S. § 32-1668; Issuance of a license by a Compact party state:

11 f. A nurse changing primary state of residence, from one party state to another party state, may
12 continue to practice under the former home state license and multi-state licensure privilege during the
13 processing of the nurse's licensure application in the new home state for a period not to exceed thirty
14 (30) days.
15

16 And Arizona Administrative Code (A.A.C.) R4-19-403 (1), (8)(a), (9), (17), (18), (27), and (31)
17 (effective January 31, 2009):

18 For purposes of A.R.S. § 32-1601(18)(d) and (22)(d) any conduct or practice that is or might be
19 harmful or dangerous to the health of a patient or the public includes one or more of the following:
20

21 1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing
22 practice;

23 8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:

24 a. Regarding a patient, health care facility, school, institution, or other work place
25 location;
26

27 9. Failing to take appropriate action to safeguard a patient's welfare or follow policies and
28 procedures of the nurse's employer designed to safeguard the patient;
29

1 17. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the
2 extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in
3 any health care facility, school, institution, or other work location;

4
5 18. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug
6 in violation of any federal or state criminal law, or in violation of the policy of any health care facility,
7 school, institution, or other work location at which the nurse practices

8
9 27. Making a false or misleading statement on a nursing or health care related employment or
10 credential application concerning previous employment, employment experience, education, or
11 credentials;

12 31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a
13 patient or the public may be harmed.

14 And A.A.C. R4-19-308 (B). (effective July 19, 1995). Change of Name or Address

15
16 B. A licensee or applicant shall notify the Board of any change in mailing address within 30 days.

17 **ORDER**

18 In view of the above Findings of Fact and Conclusions of Law, the Board issues the following
19 Order:

20
21 Pursuant to A.R.S. § 32-1664(N), the Board **REVOKES** registered nurse license number
22 RN076361 issued to CARRIE PIETRASIK DEWEY, AKA: CARRIE LEE PIETRASIK.

23 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

24 Pursuant to A.R.S. § 41-1092.09, Respondent may file, in writing, a motion for rehearing
25 or review within thirty (30) days after service of this decision with the Arizona State Board of
26 Nursing. The motion for rehearing or review shall be made to the attention of Trina Smith,
27
28
29

1 Arizona State Board of Nursing, 4747 North 7th Street Ste 200, Phoenix AZ 85014-3655, and must
2 set forth legally sufficient reasons for granting a rehearing. A.A.C. R4-19-608.

3 For answers to questions regarding a rehearing, contact Trina Smith at (602) 771-7844.

4 Pursuant to A.R.S. § 41-1092.09(B), if Respondent fails to file a motion for rehearing or review
5 within thirty (30) days after service of this decision, Respondent shall be prohibited from seeking
6 judicial review of this decision.
7

8 This decision is effective upon expiration of the time for filing a request for rehearing or
9 review, or upon denial of such request, whichever is later, as mandated in A.A.C. R4-19-609.
10

11 Respondent may apply for reinstatement of the said license pursuant to A.A.C. R4-19-404 after
12 a period of five years.

13 DATED this 16th day of May, 2014.

14
15 SEAL

ARIZONA STATE BOARD OF NURSING

16 *Joey Ridenour R.N. M.N. F.A.A.N.*

17 Joey Ridenour, R.N., M.N., F.A.A.N.
18 Executive Director

19 COPIES mailed this 19th day of May, 2014 by Certified Mail No. 7011 3500 0001 5219 0858 and First
20 Class Mail to:

21 Carrie Pietrasik Dewey
22 5436 W. Sheena Drive
23 Glendale, AZ 85306

24 By: Trina Smith
25
26
27
28
29

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Meena Balasubramanian, Paralegal on behalf of Attorney Kim M. Kluck Division of Legal Services and Compliance		2) Date When Request Submitted: August 29, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: September 11, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Designation of Hearing Official in Case Number 14 NUR 117, Carrie Pietrasik-Dewey, R.N.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Jeffrey Miller	
10) Describe the issue and action that should be addressed: If the Board accepts the Petition for Summary Suspension for Respondent, then the Board, or its appointed delegates, must designate a member of the Board or an employee of the Department to preside over a hearing to show cause and issue the Order for Designation of Hearing Official.			
11) Authorization			
Signature of person making this request _____		Date 8/29/14	
Supervisor (if required) _____		Date _____	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date _____			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 NUR 117
CARRIE PIETRASIK-DEWEY, R.N., :
RESPONDENT. :

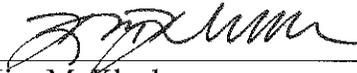
PETITION FOR DESIGNATION OF HEARING OFFICIAL

Kim M. Kluck, the attorney assigned to this matter, on behalf of the Department of Safety and Professional Services, Division of Legal Services and Compliance, requests the Wisconsin Board of Nursing designate under Wis. Stat. § 227.46(1), a member of the Board or an employee of the department to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Board of Nursing on August 29, 2014.
2. On August 29, 2014, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at both her addresses at 5436 W. Sheena drive, Glendale, Arizona 85306 and 5490 W. Beloit Road #4, Milwaukee, Wisconsin 53217, and by regular mail in an envelope properly stamped and addressed to Respondent at both her addresses at 5436 W. Sheena drive, Glendale, Arizona 85306 and 5490 W. Beloit Road #4, Milwaukee, Wisconsin 53217.
3. The Petition for Summary Suspension will be presented to the Board of Nursing on September 11, 2014, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Board of Nursing.
4. On September 11, 2014, the Order of Summary Suspension may be issued by the Board of Nursing.
5. Pursuant to Wis. Admin. Code § SPS 6.09(1), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.
6. Petitioner requests the Board designate, under Wis. Stat. § 227.46(1), an employee of the Department of Safety and Professional Services to preside over a hearing to

show cause provided for in section Wis. Admin. Code § SPS 6.09, in the event such hearing is requested.

Dated in Madison, Wisconsin, this 29th day of August, 2014.



Kim M. Kluck
Prosecuting Attorney
Wisconsin State Bar No. 1047485
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-9925

**BOARD OF NURSING
MEETING MINUTES
July 10, 2014**

PRESENT: Jeffrey Miller, Lillian Nolan, Paul Abegglen, Julie Ellis, Maria Joseph, Peter Kallio, Sheryl Krause, Luann Skarlupka, Cheryl Streeter

STAFF: Dan Williams – Executive Director; Jelena Gagula – Bureau Assistant; Pamela Stach – Board Legal Counsel, and other DSPS Staff

CALL TO ORDER

Jeffrey Miller called the meeting to order at 8:00 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

*Remove Item “I.1(f) Therese Schneider, R.N. – Requesting Modification (Access)” from the agenda.
Amend Item J.1. to read “Nicole Wilburn – L.P.N./Reinstatement.”*

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 12, 2014 AND JUNE 30, 2014

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to approve the minutes of June 12, 2014 as published. Motion carried unanimously.

MOTION: Paul Abegglen moved, seconded by Julie Ellis, to approve the minutes of June 30, 2014 as published. Motion carried unanimously.

ELECTION OF OFFICERS

CHAIR

NOMINATION: Lillian Nolan nominated Jeffrey Miller for the Office of Chair.

Executive Director Dan Williams called for nominations three (3) times.

Jeffrey Miller was elected as Chair.

VICE CHAIR

NOMINATION: Lillian Nolan nominated Julie Ellis for the Office of Vice Chair.

NOMINATION: Jeffrey Miller nominated Sheryl Krause for the Office of Vice Chair.

Executive Director Dan Williams called for nominations three (3) times.

Sheryl Krause was elected as Vice Chair.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge the following 2014 Officer Election Results. Motion carried unanimously.

2014 OFFICER ELECTION RESULTS	
Board Chair	Jeffrey Miller
Vice Chair	Sheryl Krause

*Jeffrey Miller assumes the role of Chair of the meeting.
Sheryl Krause assumes the role of Vice Chair of the meeting.*

APPOINTMENT OF LIAISONS AND COMMITTEE MEMBERS

The Chair appoints the following members to:

2014 COMMITTEE MEMBER APPOINTMENTS	
Rules and Legislation Committee	Jeffrey Miller, Lillian Nolan, Luann Skarlupka, Peter Kallio

2014 LIAISON APPOINTMENTS	
Board Practice Liaison(s)	Paul Abegglen, Alternates: Sheryl Krause, Maria Joseph
Board Education Liaison(s)	Julie Ellis, Alternate: Sheryl Krause
DLSC Liaison (PAP)	Jeffrey Miller, Alternate: Cheryl Streeter
DLSC Liaison (Monitoring)	Jeffrey Miller, Alternate: Paul Abegglen
Credentialing Liaison	Paul Abegglen, Alternate: Julie Ellis
Legislative Liaison	Jeffrey Miller
Newsletter Liaison	Lillian Nolan

2014 SCREENING PANEL APPOINTMENTS	
February-June 2014	Sheryl Krause, Julie Ellis, Lillian Nolan
July-December 2014	Peter Kallio, Cheryl Streeter, Lillian Nolan

MOTION: Maria Joseph moved, seconded by Sheryl Krause, to acknowledge the appointments made by the chair as the 2014 Liaisons, Screening Panel, and Committee Members. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATIONS REQUESTS

MOTION: Julie Ellis moved, seconded by Luann Skarlupka, to designate Cheryl Streeter and Lillian Nolan as alternates to represent the Board at the 2014 NCSBN Annual Meeting on August 13-15, 2014. Motion carried unanimously.

CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Julia Nelson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Julie Ellis-yes; Maria Joseph-yes; Peter Kallio-yes; Sheryl Krause-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:19 a.m.

RECONVENE TO OPEN SESSION

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:35 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to affirm all motions made in closed session. Motion carried unanimously.

MONITORING

Lilamae Colburn, L.P.N. – Requesting Full Licensure

MOTION: Paul Abegglen moved, seconded by Lillian Nolan, to **grant** the request of Lilamae Colburn for Full Licensure. Motion carried unanimously.

Kara Fedie, R.N., A.P.N.P. – Requesting Full Licensure

MOTION: Julie Ellis moved, seconded by Maria Joseph, to **grant** the request of Kara Fedie for Full Licensure. Motion carried unanimously.

Laura Manriquez, L.P.N. – Requesting Modification (Screens)

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **deny** the request of Laura Manriquez for reduction in screenings or full licensure. **Reason for Denial:** Not in compliance with the terms of the Order. Motion carried unanimously.

Timothy Murphy, R.N. – Requesting Modifications (Screens, AA/NA, Treatment)

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to **grant** Timothy Murphy a reduction in drug and alcohol screens to twenty-eight (28) per year. The Board **denies** Timothy Murphy's request for removal of an annual hair test. **Reason for Denial:** Due to the reduction of drug and alcohol screens the Board determines that hair testing is still necessary. The Board further **grants** reduction in AA/NA meetings to once per week. The Board does not address the request for reduction in treatment sessions as that is determined by the treater. Motion carried unanimously.

Patricia Pokallus, R.N. – Requesting Modification (Screens)

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to **deny** the request of Patricia Pokallus for reduction in drug and alcohol screenings. **Reason for Denial:** Insufficient time under the order to determine compliance. Motion carried unanimously.

Amelia Togba-Addy, R.N. – Requesting Modification (Screens)

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to **grant** the request of Amelia Togba-Addy for termination of drug and alcohol screens. The Board further grants a full and unencumbered license. Motion carried unanimously.

Chad White, L.P.N. – Requesting Medication (Access)

MOTION: Paul Abegglen moved, seconded by Sheryl Krause, to **deny** the request of Chad White for access to controlled substances. **Reason for Denial:** Insufficient time to show adequate compliance with the Order. Motion carried unanimously.

STIPULATIONS, FINAL DECISIONS AND ORDERS

Y.D.L. – 13NUR050

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Y.D.L. – 13NUR050. Motion carried unanimously.

E.L.D. – 13NUR185 and 14NUR132

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against E.L.D. – 13NUR185 and 14NUR132. Motion carried unanimously.

J.F.R. – 13NUR230 and 14NUR073

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.F.R. – 13NUR230 and 14NUR073. Motion carried unanimously.

J.A.S. – 13NUR399

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.A.S. – 13NUR399. Motion carried unanimously.

K.N.B. – 13NUR413

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against K.N.B. – 13NUR413. Motion carried unanimously.

C.M.R. – 13NUR472

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against C.M.R. – 13NUR472. Motion carried unanimously.

P.G.L. – 13NUR699

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against P.G.L. – 13NUR699. Motion carried unanimously.

K.M.K. – 14NUR007

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against K.M.K. – 14NUR007 and refer to DLSC for further action. Motion carried unanimously.

J.T.M. – 14NUR031

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.T.M. – 14NUR031. Motion carried unanimously.

A.A.A. – 14NUR058

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.A.A. – 14NUR058. Motion carried unanimously.

G.K.J. – 14NUR086

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against G.K.J. – 14NUR086. Motion carried unanimously.

J.A.D. – 14NUR099

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.A.D. – 14NUR099. Motion carried unanimously.

D.C.S. – 14NUR115

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.C.S. – 14NUR115. Motion carried unanimously.

L.V.T. – 14NUR146

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against L.V.T. – 14NUR146. Motion carried unanimously.

N.O.C. – 14NUR216

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against N.O.C. – 14NUR216. Motion carried unanimously.

V.K.T. – 14NUR220

MOTION: Julie Ellis moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against V.K.T. – 14NUR220. Motion carried unanimously.

PROPOSED STIPULATIONS AND INTERIM ORDERS

S.J. – 14NUR249

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.J. – 14NUR249. Motion carried unanimously.

T.R.P. – 14NUR120

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.R.P. – 14NUR120. Motion carried unanimously.

ADMINISTRATIVE WARNING REVIEW

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to affirm the Administrative Warning in the matter of DLSC case number 13NUR622 – C.A.F. Motion carried unanimously.

CASE CLOSURES

13NUR399 – A.G.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 13NUR399 – A.G. for no violation. Motion carried unanimously.

13NUR057 – A.O.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 13NUR057 – A.O. for prosecutorial discretion (P7). Motion carried unanimously.

14NUR172 – J.S.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR172 – J.S. for prosecutorial discretion (P1). Motion carried unanimously.

13NUR556 – P.S.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 13NUR556 – P.S. for insufficient evidence. Motion carried unanimously.

14NUR115 – A.M.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR115 – A.M. for prosecutorial discretion (P7). Motion carried unanimously.

13NUR374 – T.P.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 13NUR374 – T.P. for no violation. Motion carried unanimously.

13NUR338 – C.K.

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to close DLSC case number 13NUR338 – C.K. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

CREDENTIALING MATTERS

Nicole Wilburn – L.P.N./Reinstatement

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to **deny** the application for reinstatement of Nicole Wilburn. **Reason for Denial:** Non-compliance with the Board Order s. 441.07(1g). Motion carried unanimously.

Tammy Mewes – Conviction/Discipline/Competency Review

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to issue an intent to **deny** the application of Tammy Mewes, unless within forty-five (45) days she accepts a limited license to include a Board-approved Nurse Refresher course to be completed prior to practice, and a two-year stipulation with monitoring and treatment for alcohol and controlled substances. **Reason for Denial:** Has not demonstrated current competence in the practice of professional nursing. Motion carried unanimously.

Angelina Wyatt-Jolly – Conviction Review

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to **grant** the application of Angelina Wyatt-Jolly for a license as a professional nurse. Motion carried unanimously.

Tiffany Sopha – Conviction Review

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **grant** the application of Tiffany Sopha for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

Erica Myher – Conviction Review

MOTION: Sheryl Krause moved, seconded by Cheryl Streeter, to **grant** the application of Erica Myher for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

Gwen Bischoff – Conviction Review

MOTION: Paul Abegglen moved, seconded by Luann Skarlupka, to table the decision on the application of Gwen Bischoff until the September 11, 2014 meeting for receipt of further information. Motion carried unanimously.

Alisandra Santiago – Conviction Review

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to table the decision on the application of Alisandra Santiago until the September 11, 2014 meeting for receipt of further information. Motion carried unanimously.

Stefany Johnson – Conviction Review

MOTION: Paul Abegglen moved, seconded by Sheryl Krause, to **grant** the application of Stefany Johnson for a license as a professional nurse, once all requirements are met. Motion carried unanimously.

Megan Sonkowsky – Conviction Review

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to **grant** the application of Megan Sonkowsky for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

Adam Holmbeck – Conviction Review

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **grant** the application of Adam Holmbeck for a license as a professional nurse, once all requirements are met. Motion carried unanimously.

Christine Hesse-Withbroe – Competency Review

MOTION: Sheryl Krause moved, seconded by Julie Ellis, to **grant** the application of Christine Hesse-Withbroe for a license as a professional nurse, once all requirements are met. Motion carried unanimously.

Wendy Watkins – Unlicensed Practice Review

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to **grant** the application of Wendy Watkins for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

Deborah Salt – Unlicensed Practice Review

MOTION: Julie Ellis moved, seconded by Peter Kallio, to **grant** the application of Deborah Salt for a license as a professional nurse, once all requirements are met. Motion carried unanimously.

Tiffany Kneeland – Unlicensed Practice/Competency Review

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to **deny** the application of Tiffany Kneeland for a license as a professional nurse and refer the matter to DLSC. **Reason for Denial:** Violation of 441.07(1g)(b) Practicing Nursing while Unlicensed. Motion carried.

Mark Janorschke – Civil Suit Review

MOTION: Lillian Nolan moved, seconded by Sheryl Krause, to **grant** the application of Mark Janorschke for reinstatement of his license as a professional nurse, once all requirements are met. Motion carried unanimously.

Grace Glander – Civil Suit Review

MOTION: Lillian Nolan moved, seconded by Julie Ellis, to **grant** the application of Grace Glander for reinstatement of her license as a professional nurse, once all requirements are met. Motion carried unanimously.

Mai-Linh Schuh – Military Equivalency Review

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to recognize the instruction and experience obtained during military service by the applicant as substantially equivalent to the instruction required for the credential, and **grant** the application of Mai-Linh Schuh for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

John Winters – Military Equivalency Review

MOTION: Sheryl Krause moved, seconded by Cheryl Streeter, to recognize the instruction and experience obtained during military service by the applicant as substantially equivalent to the instruction required for the credential, and **grant** the application of John Winters for a license as a practical nurse, once all requirements are met. Motion carried unanimously.

Adam Curry – Conviction Review

MOTION: Paul Abegglen moved, seconded by Julie Ellis, to **deny** the application of Adam Curry for a license as a professional nurse and refer to DLSC for possible failure to report convictions. **Reason for Denial:** The convictions are substantially related to the practice of professional nursing. Motion carried unanimously.

Suzana Tontea – Competency Review

MOTION: Julie Ellis moved, seconded by Peter Kallio, to table the application of Suzana Tontea for a license as a professional nurse until the September 11, 2014 meeting. Motion carried unanimously.

Sarah Rockwell – Competency Review

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to table the application of Sarah Rockwell for a license as a professional nurse until the September 11, 2014 meeting. Motion carried unanimously.

ADJOURNMENT

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:52 p.m.

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 08/29/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Carthage College Request for Authorization to Plan a Nursing School	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and make motion relating to a request for authorization to plan a nursing school received from Carthage College; make recommendations as necessary.			
11) Authorization			
Jill M. Remy		8/29/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

Revised 8/13

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

- (1) Name and address of controlling institution and evidence of accreditation status of controlling institution.
- (2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
- (3) Evidence of the availability of sufficient clinical facilities and resources.
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to dspsexaminationsoffice@wisconsin.gov:

- (1) This completed and signed application form.
- (2) A written proposal addressing the five items above.

Institution applying for authorization to plan a nursing school:

Name of School: Carthage College

Address: 2001 Alford Park Drive

Kenosha, WI 53140

Nursing Program(s) (ADN, BSN, Other): BSN

Frank D. Hicks, PhD, RN
Name of School Representative Submitting Proposal

Director
Title

Frank D. Hicks //es//
Signature
262-551-6038

August 26, 2014
Date

Telephone Number

fhicks@carthage.edu
Email Address



CARTHAGE
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Proposal to the Wisconsin Board of Nursing
Permission to Plan a School of Nursing
Carthage College, Kenosha Wisconsin
August 26, 2014

Address:

Carthage College
2001 Alford Park Drive
Kenosha, WI 53140
Gregory Woodward, President
David Garcia, PhD, Provost
Contact: Frank D. Hicks, PhD, RN (fhicks@carthage.edu)

The College

Carthage College is a 4-year Liberal Arts College affiliated with the Evangelical Lutheran Church of America, and is fully accredited by the Higher Learning Commission. Please see following link:

https://www.ncahlc.org/component/com_directory/Action,ShowBasic/Itemid,/instid,1684/.

The college's mission is to seek truth, build strength, and inspire service in its graduates. Following a lengthy self-assessment process, the President, Board of Trustees, and faculty approved the development of a ***Bachelor of Science in Nursing program (BSN), leading to licensure as a Registered Nurse (RN)***. Preliminary data suggest there will be intense student and clinical partner interest in this type of program in the Kenosha area; the clinical partners involved in the visioning of this program have expressed a deep desire and support of such a program. Given its excellent reputation and ample resources, Carthage College is poised to successfully undertake the development of a School of Nursing.

Instructional Methods

The BSN program will offer face-to-face didactic, laboratory, and simulated learning opportunities. There will be less than 20% on-line coursework. All clinical experiences will be directly supervised by qualified faculty, as stipulated by the Wisconsin Board of Nursing, with a ratio of 8 students to 1 faculty. A formal precepted experience is being planned for the final term to provide a clinical immersion experience for students in their area of preference. The educational format will conform to current, evidence-based teaching/learning strategies, comply with Wisconsin Board of Nursing and AACN *Essentials for Baccalaureate Education* standards, as well as integrate recommendations from the RWJ Future of Nursing report and the results of Benner and associates landmark study on nursing education, *Educating Nurses* (2010). After final approval by the Board of Nursing, the School will seek accreditation from the Commission on Collegiate Nursing Education (CCNE).



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School of Nursing's Relationship to Parent Institution

Carthage College assumes the accountability for the support, planning, and implementation of, and the legal responsibility for overall conduct of the School of Nursing. The College will provide the School with the necessary resources (fiscal, operational, and personnel) to develop, implement, and sustain the BSN program according to the Wisconsin State Board of Nursing requirements. The founding director will report directly to the Provost. A detailed preliminary budget has been developed based on target numbers for the program, including faculty salaries, development of a simulation laboratory and nursing learning laboratory.

Evidence of Clinical Site Availability

Since the initial thought of planning a BSN program was introduced, there has been tremendous support from various clinical partners in the Kenosha area. Susan Ventura, Executive Vice President and Chief Nursing Officer of United Hospital System, was on the search committee for the founding director. She has indicated that the School's students will have complete access to all the service areas offered by United Hospital System. Rita Hagen (Executive Director of Nursing) has expressed her commitment to partner with the School to provide hospice and palliative care experiences. Other planned services are listed in the table that follows. Given we will enroll a total of 32 students to the clinical sequence (beginning in spring term, 2017), there will be 4 groups of 8 students for the clinical rotations. Given these numbers, we do not anticipate any difficulty placing students in appropriate agencies.



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Table I: Clinical Agencies Available to the Program

Specialty	Clinical Agency	Units	Status
Adult Medical-Surgical & Critical Care	United Health Care System Kenosha Medical Center St. Catherine's Medical Center	8-10 General Medicine/Surgical Units 16-bed Combined ICU/Step-down	Confirmed Preference will be given to Carthage College Students
Maternity	United Health Care System	18-bed maternity unit/labor and delivery, and newborn nursery	Confirmed as above
Children	United Health Care System	6-bed pediatric unit; large outpatient pediatric clinic	Confirmed as above
	Wheaton Franciscan's St. Luke's Racine	In-patient pediatrics	Planned
	Children's Hospital Milwaukee	In-patient and critical care	Planned
Psychiatry/Mental Health	Shalom Homeless Center	Community agency	Planned
	Kenosha County Mental Health Services	Various Agencies out-patient	Planned
	Veteran's Administration Hospital of Milwaukee	In-patient and out-patient	Planned
Hospice/Palliative Care	Hospice Alliance Kenosha	In-patient and home care	Confirmed
Public/Community Health	Kenosha Public Health Department	Various services and agencies	Planned
	Visiting Nurses' Association of Kenosha		

Plans for Faculty Recruitment

To adequately staff the BSN program, we estimate hiring a total of 10.25 Full-Time Equivalents, plus a director of simulation and the learning laboratory. Faculty recruitment will begin as soon as the board gives us permission to admit. An additional two faculty will be recruited for spring term 2015 to assist with further curriculum and course development for the nursing major's clinical sequence, which will begin in spring term of 2017. Our plan will be to bring the faculty in the term prior to the beginning of their teaching assignment to participate in the development of their courses.

To be eligible for hire, nursing faculty will be required to hold an unencumbered, current, and active registered nurse license or privilege to practice in the State of Wisconsin. They will have a graduate degree with a major in nursing. Recruitment will take place through advertising in professional journals (e.g., Journal of Nursing Scholarship, Journal of Nursing Education) and through professional organizations such as the American Association of



CARTHAGE COLLEGE

Colleges of Nursing, the American Nurses' Association, and the National League for Nursing. We will also take out advertisements in regional newspapers. Additionally, we will reach out to universities in the state that offer the PhD or DNP to recruit students about to graduate from these programs. We will target these advertisements to specific needs relative to nursing specialties (i.e., psychiatric/mental health nursing, maternity nursing, etc.) as appropriate. Our goal will be to employ a diverse cadre of faculty, who come from underrepresented minorities in nursing (including men). When qualified applicants are identified, they will come to the College to meet with key stake holders. Faculty applicants will be expected to make a presentation on their teaching philosophy or an innovative teaching approach. We will hire the most competitive applicants from the pool of interviewees.

Proposed Timeline (assumes placement on the September agenda)

August 27:	Proposal to Plan a School of Nursing Submitted to the Board of Nursing
September 11:	Director attends board meeting to support application if invited.
September:	Director works with Carthage faculty to plan and develop curriculum
October 1:	Pending approval for permission to plan a School, director submits Application for Authorization to Admit Students
October 9:	Director attends board meeting to support application if invited.
October 15:	Pending approval, Carthage begins to admit students to the School of Nursing.
November 1:	Submit Higher Learning Commission change request documents for permission to grant Bachelor of Science in Nursing degree.
January, 2015:	Begin faculty recruitment and interview process
February, 2015:	Select lead faculty for the School
March – May, 2015:	Course development for clinical sequence and other nursing courses.
September, 2015:	Inaugural freshman nursing class matriculates.
January, 2016:	Contemporary Professional Nursing seminar offered (first course).
Spring term, 2016:	Ongoing faculty recruitment.
Fall term: 2016:	Course development (ongoing).
January, 2017:	Inaugural class begins clinical sequence.

Qualifications of the Program's Educational Administrator

The College has employed **Frank D. Hicks, PhD, RN**, as the inaugural director of the School of Nursing. Dr. Hicks has a BSN from Indiana University, a MS and PhD in Nursing Sciences from the University of Illinois at Chicago, and completed a federally funded post-doctoral fellowship in nursing and neurobehavior at the University of Michigan School Of Nursing. He was an assistant professor at Loyola University School of Nursing for 12 years. For the last 12 years, he has held faculty and administrative positions at Rush University College of Nursing. He is currently Professor of Adult Health and Gerontological Nursing and the Assistant Dean for Academic Affairs. In his capacity as assistant dean, Dr. Hicks was responsible for the development and implementation of the Generalist Entry Master's (GEM) program. Thus, he is



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very familiar with the requirements and needs a pre-licensure program has from educational, regulatory, and accreditation viewpoints. Dr. Hicks will be responsible for overseeing program development and planning, as well as curriculum and course development, implantation, and evaluation. He will be responsible for the recruitment and development of the faculty and all aspects of the students nursing education experience.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 9/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appearance as to the Wisconsin Center for Nursing's 2013 LPN Workforce Survey Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Survey information attached.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			



Wisconsin 2013 LPN Workforce Survey Report

Wisconsin Center for Nursing

2013 LPN Population

- 12,067 LPNs renewed their licenses
- 1,020 renewed on paper
- Exclusion criteria:
 - Did not work or live in Wisconsin
 - Received their first degree or certification prior to age 16
 - Report working more than 10 jobs
 - Received their first Wisconsin license prior to age 16
 - Belong to more than five ethnic groups

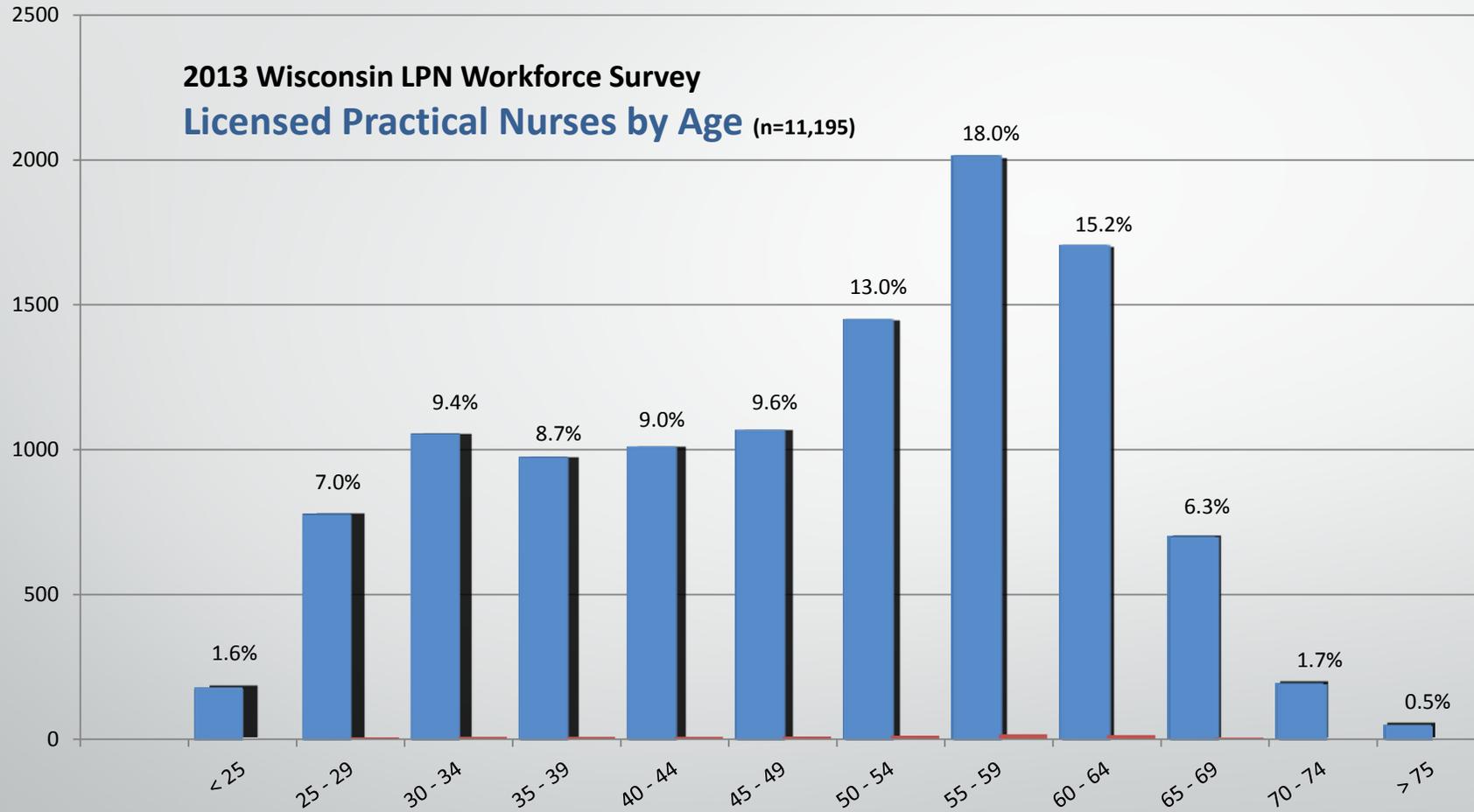
Demographics

	2013 Number	2013 %	2011 %
Females	10,698	95.6	95.5
Males	497	4.4	4.5
White	10,192	91.0	91.1
Black or African American	704	6.3	6.1
Hispanic, Latino, or Spanish Ethnicity	212	1.9	1.8
Asian	144	1.3	1.0
American Indian or Alaska Native	113	1.0	1.1
Native Hawaiian or Pacific Islander	11	0.1	0.1
Other	152	1.4	1.5

LPNs, RNs, and Wisconsin Population

	2013 LPN Workforce %	2012 Wisconsin Census %	2012 RN Workforce %
Female	95.6	50.4	93.4
Male	4.4	49.6	6.6
White	91.0	88.2	94.8
Black	6.3	6.5	1.8
Hispanic, Latino, or Spanish Ethnicity	1.9	6.2	1.4
Asian	1.3	2.5	1.3
American Indian or Alaska Native	1.0	1.1	0.3
Native Hawaiian or Other Pacific Islander	0.1	Not Available	0.1

2013 Wisconsin LPN Workforce Survey
Licensed Practical Nurses by Age (n=11,195)



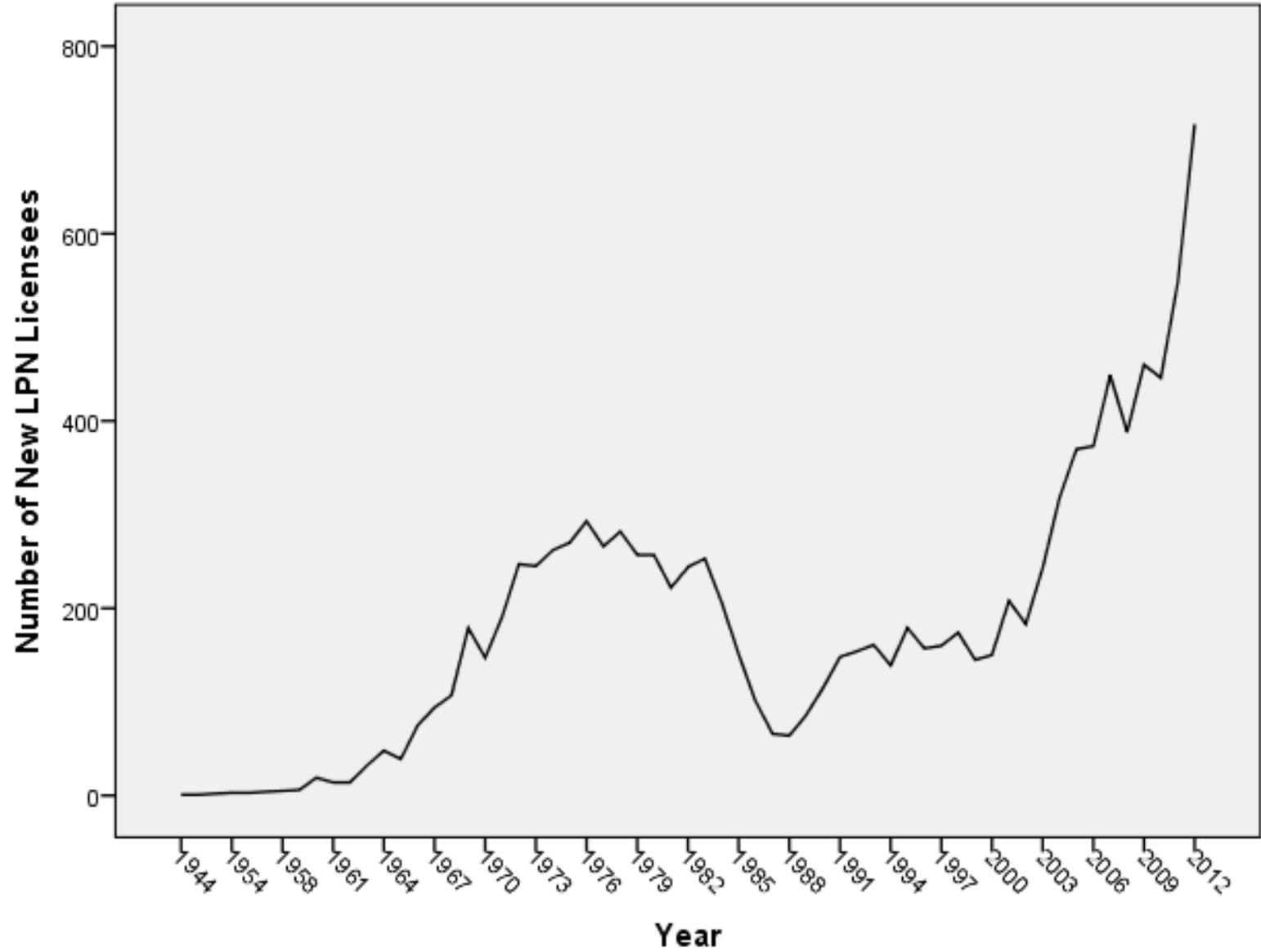
Demographic Recommendations

- Nursing Education Leaders should devote adequate resources to promoting the success of all nursing students
- Nursing leaders should encourage members of the relatively diverse LPN workforce to continue their nursing education in order to promote the diversity of the RN workforce
- Employers should facilitate discussions with K-12 and college educators to introduce young people to LPNs and the work they do.
- Nursing workforce data should be gathered in a manner that allows for longitudinal analyses between biennial surveys and between the LPN and RN workforce surveys

Licensure

- Fewer LPNs renewed licenses in 2013 (n=12,067*) than in 2011 (n=14,165*)
- A large number of older LPNs are retiring. Many LPNs are continuing their educations to earn RN licensure
- The nature of the LPN workforce is changing. Many LPNs counted in this survey were RNs counted in the 2014 survey.
- 97% of LPNs educated and newly-licensed in Wisconsin in the 8 quarters preceding the survey were educated at a Wisconsin Technical College.
- 47% of RNs educated and newly-licensed in Wisconsin in the 8 quarters preceding the survey were educated at a Wisconsin Technical College
 - *numbers of electronic surveys

Number of New LPN Licensees by Year



Plans for Future Nursing Education

	2011 LPN Workforce Survey %	2013 LPN Workforce Survey %
Enrolled in A.D.N. Academic Program	12.3	11.7
Enrolled in B.S.N. Academic Program	1.2	0.9
Plans to pursue further nursing education in next two years	18.3	23.3
No plans for additional education	67.7	63.5

Licensure Recommendations

- -Nursing leaders and policy makers should continue to closely monitor the number of LPNs earning initial licensure and renewing their licenses to assure losses due to attrition are being supplemented with adequate number of new licensees.
- -Nursing leaders and policy makers should enhance the Wisconsin LPN Workforce survey in order to further explore factors which promote and which interfere with LPNs' ability to enroll and succeed in nursing education programs that lead to RN licensure.
- -Nursing leaders and policy makers should gather workforce data in a manner which allows for better understanding of the nature of the LPN to RN workforce practice evolution.
- -Nursing leaders should assist LPNs and those who employ LPNs to understand the evolving skill set and attributes that LPNs bring to the Wisconsin workforce. Only with this information can employers and nursing leaders make informed decisions regarding the role of LPNs in the Wisconsin workforce within changing healthcare delivery systems
- -A survey of employers of LPNs should be conducted for the purpose of determining if the current LPN workforce is adequate in size and skill to meet the health care needs of the people of Wisconsin.

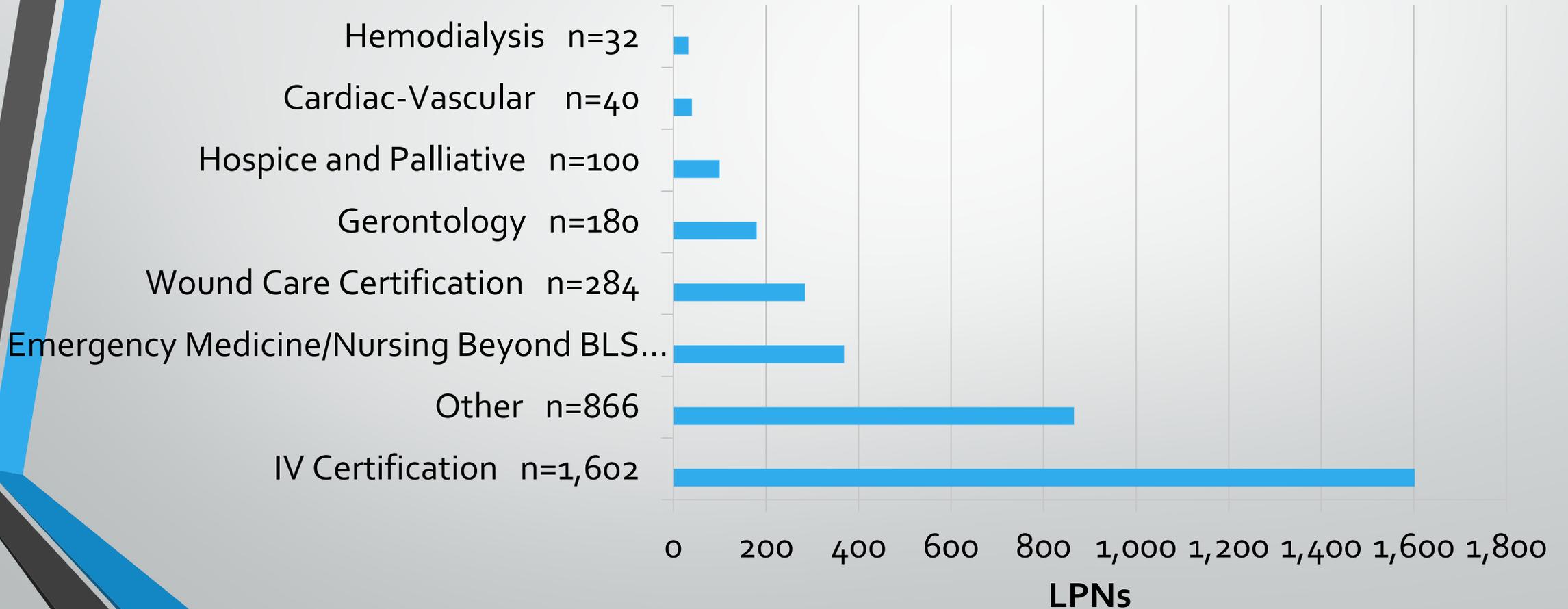
Employment Patterns

	n	%
Actively working as a nurse	8,423	75.2
Actively working in health care, not nursing	730	6.5
Actively working in another field	472	4.2
Unemployed, seeking work in nursing	488	4.4
Unemployed, seeking work in another field	58	0.5
Unemployed, not seeking work	364	3.3
Retired	660	5.9

Areas of Specialty or Expertise

	n*	%
Geriatrics/Gerontology	5,393	48.2
Adult Health	3,051	27.3
Hospice Care/Palliative Care	2,125	19.0
Medical-Surgical	1,919	17.1
Home Health	1,888	16.9
Family Health	1,883	16.8
Rehabilitation	1,528	13.6
Pediatrics	1,332	11.9
Psychiatric/Mental Health	1,257	11.2
Acute Care/Critical Care/Intensive Care	1,058	9.5
Obstetrics/Gynecology	817	7.3
Cardiac Care	791	7.1

Skill-Based Certifications



Most Important Factor in Career Decisions

	n	%
Level of Personal Satisfaction/Collegial Relationships	2,497	22.3
Hours/Shift Availability	1,732	15.5
Pay	1,559	13.9
Family/Personal Issues	1,488	13.3
Medical Benefits	885	7.9
Worksite Location	526	4.7
Potential for Advancement	523	4.7
Retirement Benefits	234	2.1
Physical Work Requirements	191	1.7
Physical Disability	182	1.6
Employer-Supported Education Options	131	1.2
Other	491	4.4
Retired/Not Working	756	6.8

How Much Longer Plans to Work Providing Direct Patient Care (n=8,402)

	n	%
Less Than 2 Years	527	6.3
2-4 Years	1,304	15.5
5-9 Years	1,818	21.6
10-19 Years	2,181	26.0
20-29 Years	1,280	15.2
30 or More Years	1,292	15.4

LPNs Age 55 & Over Currently Employed by Work Setting (n=3,216)

	n	%
Hospital (Acute Care, AODA)	429	13.3
Extended Care (Nursing Home, Assisted Living, etc.)	1,121	34.9
Ambulatory Care (Outpatient, Clinic, Surgical Center)	1,006	31.3
Home Health (Private Home)	265	8.2
Public Health/Community Health/School Health	128	4.0
Other	267	8.3

Employment Recommendations

- Employers who seek a stable LPN workforce should promote the formation of personal satisfaction and collegial relationships in the workplace
- Employers should query LPNs at the time of hire regarding skill-based certifications and should utilize these skills to promote patient health
- Employers should be cognizant of the evolving nature of the LPN workforce. Employees may transition from C.N.A. to LPN to RN roles within the same employment setting. Support for evolving professional roles should be ongoing
- Over 65% of the LPN workforce is employed in extended care or ambulatory care. Nursing education programs should design learning experiences that prepare LPN students to patients to care for patients in these settings.

Education



Challenges to Pursuing Nursing Education

Greatest challenge	n	%
Cost of lost work time and benefits	4,085	33.9%
Cost of tuition, materials, books, etc.	2,098	17.4%
Family/Personal reasons	1,193	9.9%
Commuting distance to educational program	468	3.9%
Other	468	3.9%
Lack of flexibility in work schedule	242	2.0%
Scheduling of educational programs offered	61	0.5%
Limited access to online learning or other online resources	43	0.4%
None	3,409	28.3%

Plans for Further Education in Nursing (n=11,195)

	2011 n	2011 %	2013 n	2013 %
No plans	9,160	67.7%	7626	63.2%
Enrolled in ADN	1,663	12.3%	1,385	11.5%
Enrolled in BSN	156	1.2%	124	1.0%
Enrolled in a graduate	11	0.1	*	*
Enrolled in a non-degree, specialty certification	67	0.5	*	*
Plan to pursue in next 2 years	2,476	18.3%	2,852	23.6%

LPN Nursing Education Behavior and Planning – Ages 31-40

	Completed LPN Education Prior to 2005 n=682	Completed LPN Education Prior to 2005 %	Completed LPN Education 2005 or Later n=1,538	Completed LPN Education 2005 or Later %
Currently Enrolled in A.D.N. Program	A.D.N. and B.S.N. = 111*	A.D.N. and B.S.N. = 16.2*	427	27.8
Currently Enrolled in B.S.N. program			35	2.3
Plan to Pursue Further Nursing Education in Next 2 Years	244	35.8	722	46.9
No Plans for Further Nursing Education	324	47.5	345	22.4
Total Enrolled or Planning to Enroll Within 2 Years	348*	51%*	1,184	77%

Can Enrollment Behavior be Predicted From a Set of Variables?

- Employed LPNs who plan to work five years or more (n=5,301)
- Variables that did not predict enrollment
 - Reporting Hispanic ethnicity
 - Working in an underserved area
- Overall chi square test statistic was 614.6 ($p < .0001$)

Logistic Regression Model

- Overall chi square test statistic was 614.6 ($p < .0001$)
- Variables that did not predict enrollment
 - Reporting Hispanic ethnicity
 - Working in an underserved area

Prediction of Enrollment (n=5,301)

Variable	OR	95% CI	P-Value
Tuition as greatest challenge to continued nursing education	2.22	1.82-2.78	<.0001
Lack of flexibility in work schedule as greatest challenge	1.79	1.3-2.33	<0001
Family/Personal reasons as greatest challenge	1.30	1.03-1.64	0.0240
Lost work as greatest challenge to continued nursing education	0.79	0.65-0.98	0.0305
Had a recent employment status change	1.96	1.59-2.38	<.0001
Reports having more than one job	1.39	1.12-1.79	0.0036
Employed in a hospital	2.50	1.72-3.57	<.0001
Employed in extended care	1.45	1.09-1.92	0.0113
Employed in ambulatory care**	0.76**	0.54-1.06**	0.1045**
Gender*	1.89*	1.29-2.78*	0.0012*
Report race other than white *	2.14*	1.64-2.78*	<.0001*
Age	0.93	0.92-0.94	<.0001

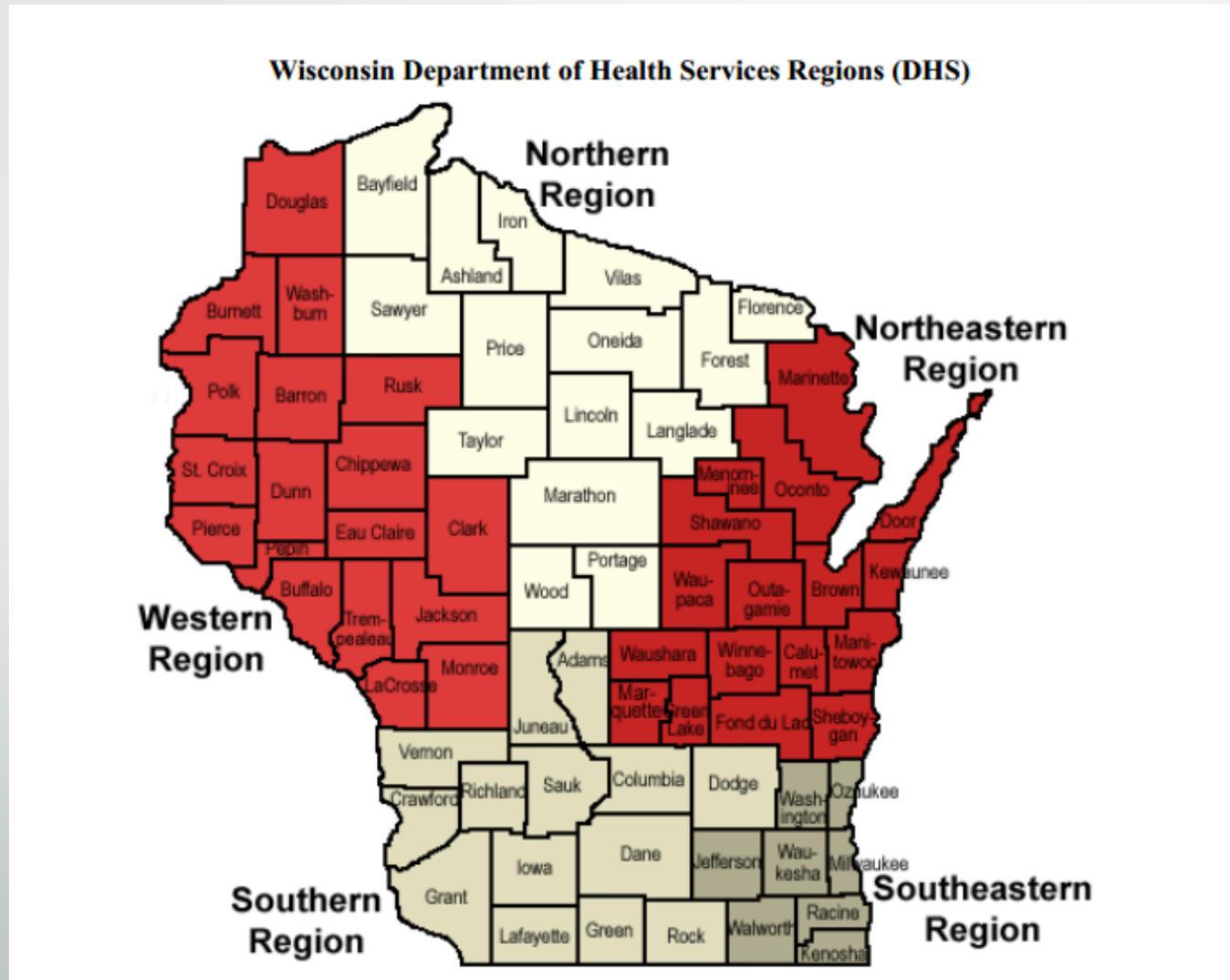
*These are trends, but lopsided distributions affect conclusions that may be drawn

** Is a trend only. Not statistically significant

Education Recommendations

- Employers who wish their LPNs to progress to RN status should enact policies that minimize the effects of lost wages and benefits during nursing education sessions
- Nursing education leaders should focus resources to assist LPNs with addressing the costs of tuition and educational materials
- Nursing leaders in the areas of education and policy development should promote opportunities for individual LPNs to more easily analyze the costs and benefits of further nursing education

Wisconsin DHS Regions



Demographics

	State n=11,195		South n=1,850		Southeast n=3,705		Northeast n=2,941		West n=1,619		North n=746	
	n	%	n	%	n	%	n	%	n	%	n	%
Descriptive Data												
Median Age	49		48		50		48		49		50	
Gender												
Female	10,698	95.6	1,758	95.0	3,528	95.2	2,825	96.1	1,559	96.3	711	95.3
Male	497	4.4	92	5.0	177	4.8	116	3.9	60	3.7	35	4.7
Race/Ethnicity * *												
White	10,192	91.0	1,752	94.7	2,965	80.0	2,843	96.7	1,581	97.7	731	98.0
Black or African American	704	6.3	48	2.6	618	16.7	*	*	*	*	*	*
Asian	144	1.3	26	1.4	65	1.8	33	1.1	*	*	*	*
American Indian or Alaska Native	113	1.0	*	*	*	*	39	1.3	23	1.4	*	*
Native Hawaiian or Other Pacific Islander	11	0.1	*	*	*	*	*	*	*	*	*	*
Other	152	1.4	30	1.6	76	2.1	30	1.0	*	*	*	*
Hispanic, Latino, or Spanish Ethnicity	212	1.9	35	1.9	113	3.0	40	1.4	*	*	*	*

Categories and Subcategories of Primary Work

<p style="text-align: center;">Extended Care</p> <ul style="list-style-type: none"> - Nursing Home - Skilled Nursing Facility - Hospice Facility -ICF -MR -Assisted Living Facility -Rehabilitation Facility/Group Home/CGRF -Long-term Acute Care 	<p style="text-align: center;">Ambulatory Care</p> <ul style="list-style-type: none"> -Medical Practice, Clinic, Physician Office -Surgery Center, Dialysis Center -Urgent Care, Not Hospital-Based -Outpatient Mental Health/ Substance Abuse -Correctional Facility, Prison or Jail (Federal, State, or Local) 	<p style="text-align: center;">Hospital</p> <ul style="list-style-type: none"> - Hospital, Emergency/Urgent Care -Hospital, 24 Hour Inpatient Unit (Other Than Intensive Care or Obstetrics) -Hospital, Outpatient/ Ambulatory Care -Hospital, Obstetrics -Hospital, Intensive Care -Hospital, Inpatient Mental Health, Substance Abuse -Hospital, Perioperative Service (OR, PACU, Others) -Hospital, Other Departments -Hospital, Works in Several Units
<p style="text-align: center;">Home Health</p> <ul style="list-style-type: none"> -Home Health Agency -Home Health Service -Hospice 	<p style="text-align: center;">Public Health</p> <ul style="list-style-type: none"> -Public Health (Governmental: Federal, State, or Local) -Community Health Centers, Agencies and Departments -Occupational Health or Employee Health Service -School Health Services (K-12, College and Universities) 	<p style="text-align: center;">Other</p> <ul style="list-style-type: none"> -Call Center/Tele-Nursing -Government Agency Other Than Public/Community Health or Corrections -Non-Governmental Health Policy, Planning or Professional Organization. -Insurance Company Claims/ Benefits -Sales (Pharmaceutical, Medical Devices, Software, Etc.) -Self-Employed/Consultant -Other

Work Settings by Regions (n=8,602)

	State n=8,602		South n=1,850		Southeast n=3,705		Northeast n=2,940		West n=1,619		North n=746	
	n	%	n	%	n	%	n	%	n	%	n	%
Primary Place of Employment												
Extended Care	3,621	42.1	601	41.8	1,332	47.1	808	36.0	535	42.7	242	45.1
Ambulatory Care	2,506	29.1	417	29.0	611	21.6	785	34.9	430	34.3	154	28.7
Hospital	924	10.7	140	9.7	328	11.6	261	11.6	122	9.7	44	8.2
Home Health	586	6.8	103	7.2	248	8.8	118	5.3	62	4.9	34	6.3
Public Health	337	3.9	55	3.8	132	4.7	88	3.9	31	2.5	20	3.7
Other	628	7.3	122	8.5	177	6.3	187	8.3	73	5.8	43	8.0

Plans for Future Education by Region

	State n=11,195		South n=1,850		Southeast n=3,705		Northeast n=2,941		West n=1,169		North n=746	
	n	%	n	%	n	%	n	%	n	%	n	%
Currently Enrolled A.D.N. Program	1,314	11.7	213	11.5	462	12.5	314	10.7	207	12.8	93	12.5
Currently enrolled BSN Program	96	0.9	19	1.0	53	1.4	*	*	*	*	*	*
Plan to enroll in further nursing education in next 2 years	2,608	23.3	458	24.8	959	25.9	598	20.3	356	22.0	158	21.2
No plans for future nursing education	7,110	63.5	1,146	61.9	2,204	59.5	2,002	68.1	1,045	64.5	489	65.5

Emergency Preparedness

	State n=11,195		South n=1,850		Southeast n=3,705		Northeast n=2,941		West n=1,619		North n=746	
	n	%	n	%	n	%	n	%	n	%	n	%
Training in emergency preparedness, ICS or Hazardous Materials.												
Yes, from employer	5,694	50.9	931	50.0	1,868	49.8	1,462	49.4	889	54.3	367	78.5
Yes, from voluntary organization	431	3.8	62	3.3	141	3.8	98	3.3	79	4.8	39	5.2
Yes, from other	569	5.1	95	5.1	176	4.7	142	4.8	94	5.7	42	5.5
No	4,606	41.1	773	41.5	1,563	41.7	1,259	42.5	575	35.2	309	40.8

Limitations

- Cleaning process in 2013 differs slightly from the 2011 process, but more closely aligns with that used in the 2012 RN survey report.
- Compulsory nature of the survey may contribute to inaccurate responses
- Characteristics of LPNs who renew online may differ from those who renew using the paper format
- The 53-question survey may contribute to survey fatigue

Thoughts to Ponder

- Data that allow for longitudinal analysis are needed in order to make informed decisions. An identification number that flows across surveys?
- Accurate data are needed. Consider an introductory message that values the LPN and highlights the importance of accurate data?
- “The Survey is designed to be as **simple and quick** as possible while creating **critical information on** the LPN Workforce in Wisconsin. Your honest responses are important to an accurate representation of the LPN workforce.”
- “LPNs are valuable members of the nursing profession. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin. Thank you for your time in completing this important survey.”

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 29 August 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 11 September 2014	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Update on N 5, 6 relating to Renewal and Practice Standards 2. Update on N 8 Relating to APNP 3. Implementation of new N 1 Relating to School Approval 4. Update on Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>29 August 2014</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 9/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report from attendees of the NCSBN annual meeting - Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attached are documents related to the proposed Compact revision.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

The NCSBN Board of Directors (BoD) would like to obtain additional comments, questions, concerns, or issues from all members to assist in the continued revision effort of the Nurse Compact. Therefore the BoD is requesting that the Executive Directors take the August 14, 2014 version of the revised document and share it with nursing Boards, legal counsel, operations staff, discipline staff, or any other relevant stakeholders in order to gather as much input as possible in the next thirty days. Please send all comments, questions, feedback, etc. to me at kapple@ncsbn.org by the end of business on **Friday, September 19, 2014**.

Your feedback is critical to develop the next revision for review and discussion by all as we move toward consensus on a final version. On behalf of the BoD, I thank you for your effort and diligence to move this important body of work forward. Best Regards, Kathy

Kathy Apple, MS, RN, FAAN
Robert Wood Johnson Executive Nurse Alumni

Chief Executive Officer
National Council of State Boards of Nursing (NCSBN)

Draft revision prepared for review on August 14, 2014.

Nurse Licensure Compact

DRAFT REVISIONS TO 11/6/98 VERSION ~~Final Version, November 6, 1998~~

ARTICLE I

Findings and Declaration of Purpose

- a. The party states find that:
 1. the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
 2. violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
 3. the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's healthcare delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
 4. new practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
 5. the current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

- b. The general purposes of this Compact are to:
 1. facilitate the states' responsibility to protect the public's health and safety;
 2. ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
 3. facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
 4. promote compliance with the laws governing the practice of nursing in each jurisdiction;

5. 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.

ARTICLE II

Definitions

As used in this Compact:

- a. "Adverse Action" means a home or remote state action.
- b. "Alternative program" means a ~~voluntary~~, non-disciplinary monitoring or practice remediation program-process approved by a nurse licensing board.
- c. "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.
- d. "Current significant investigative information" means:
 1. investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
- e. "Home state" means the party state which is the nurse's primary state of residence.
- f. "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

g. "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

g.h. "Multistate license" means a license to practice as a registered or a licensed practical/vocational nurse issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

h.i. "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

i.j. "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

j.k. "Party state" means any state that has adopted this Compact.

k.l. "Remote state" means a party state, other than the home state,

1. where the patient is located at the time nursing care is provided, or,
2. in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

l.m. "Remote state action" means

1. any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state, and
2. cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

m.n. "State" means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

n.o. "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or

requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A multistate license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A multistate license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.
- b. Each party state shall adopt the following, as set out in rules to be established by the Interstate Commission of Nurse Compact Administrators, as requirements for an applicant to obtain and/or maintain a multistate license in the home state:
- (1) has graduated or is eligible to graduate from a National Council of State Boards of Nursing (NCSBN) Member Board approved RN or LPN/VN prelicensure education program; or
 - (2) has graduated from an international RN or LPN/VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an authorized credentials review agency as comparable to NCSBN Member Board approved prelicensure education programs;
 - (3) has, if a graduate of an international prelicensure education program not taught in English and/or English is not the individual's native language, demonstrated English proficiency in reading, speaking, writing and listening;
 - (4) has successfully passed an NCLEX-RN or NCLEX-PN examination, as applicable;

(5) has no encumbrance on any active nursing license;

(6) has submitted fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(7) has not been convicted of a felony offense as defined by the applicable state criminal law;

(8) has not been convicted of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis pursuant to guidelines set out in rules established by the Interstate Commission of Nurse Compact Administrators;

(9) is not currently enrolled in an alternative program;

(10) is subject to self-disclosure requirements regarding substance use disorders, and prior disciplinary actions against the applicant's license or participation in an alternative program, as set out in rules established by the Interstate Commission of Nurse Compact Administrators; and

(11) has a valid US Social Security number.

~~b.c.~~ ___ Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions ___ under their applicable state laws necessary to protect the health and safety of their ___ citizens. If a party state takes such action, it shall promptly notify the administrator of the ___ coordinated licensure information system. The administrator of the coordinated licensure ___ information system shall promptly notify the home state of any such actions by remote ___ states.

~~e.d.~~ ___ Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. ~~In addition, the practice of nursing is~~ ___ not limited

~~Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws~~

_____ of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse
_____ licensing board and the courts, as well as the laws, in that party state. Practice shall be deemed
to occur where the recipient of the nursing care or service, as defined by the party state, is
located.

e. _____ This Compact does not affect additional requirements imposed by states for advanced practice
_____ registered nursing. However, a multistate licensure privilege to practice registered nursing
_____ granted by a party state shall be recognized by other party states as a license to practice
_____ - registered nursing if one is required by state law as a precondition for qualifying for advanced
_____ practice registered nurse authorization.

f. _____ Individuals not residing in a party state shall continue to be able to apply for nurse licensure as
_____ provided for under the laws of each party state. However, the license granted to these individuals
_____ will not be recognized as granting the privilege to practice nursing in any other party state unless
_____ explicitly agreed to by that party state. Nothing in this Compact shall affect the requirements
established by party states for the issuance of single state licenses.

ARTICLE IV

Applications for Licensure in a Party State

- a. Upon application for a multistate license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

- b. A nurse in a party state shall hold a multistate licensure in only one party state at a time, issued by the home state.
- c. A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new multistate licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.
- d. When a nurse changes primary state of residence by:
 - 1. moving between two party states, and obtains a multistate license from the new home state, the multistate license from the former home state is no longer valid;
 - 2. moving from a non-party state to a party state, and obtains a multistate license from the new home state, the individual state license issued by the non-party state is not affected and will remain in full force if so provided by the laws of the non-party state;
 - 3. moving from a party state to a non-party state, the multistate license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

ARTICLE V

~~Adverse Actions~~ Additional Authorities Invested in Party State Nursing Licensing Boards

In addition ~~to the General Provisions described in Article III, the following provisions apply to the other powers conferred by state law, a party state licensing board shall have the authority to:~~

- a. ~~The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports. Take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state. For purposes of imposing adverse action, the~~

licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

b. Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state.

~~b.c. The licensing board of a party state shall have the authority to~~ c. Complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

d. Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.

e. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

f. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

g. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

~~e.h. A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.~~

~~d.i. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.~~

~~e.j. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.~~

~~f.k. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.~~

ARTICLE VI

Additional Authorities Invested in Party State Nurse Licensing Boards

~~Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:~~

- ~~a. if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;~~
- ~~b. issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.~~
- ~~c. issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;~~

~~d. promulgate uniform rules and regulations as provided for in Article VIII(c).~~

Deleted due to addition of new Article IX.

ARTICLE VII

Coordinated Licensure Information System

- a. All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.
- b. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, actions requiring a nurse to participate in an alternative program, whether or not such participation is non-public under a party state's laws, denials of applications, and the reasons for such denials, to the coordinated licensure information system.
- c. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.
- d. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- e. Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- f. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

- g. The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.

ARTICLE VIII

ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT

ADMINISTRATORS

- a. The party states hereby create and establish a joint public agency known as the Interstate Commission of Nurse Licensure Compact Administrators (The Commission)
1. The Commission is a joint public agency of the party states.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.
- b. Membership, Voting, and Meetings
1. Each party state shall have and be limited to one administrator. The head of the state Board of Nursing or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the State from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.
 2. Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the Commission.
4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article IX.
5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - A. Non-compliance of a party state with its obligations under the compact;
 - B. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - C. Current, threatened, or reasonably anticipated litigation;
 - D. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - E. Accusing any person of a crime or formally censuring any person;
 - F. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
 - G. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - H. Disclosure of investigatory records compiled for law enforcement purposes;
 - I. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with the compact; or
 - J. Matters specifically exempted from disclosure by federal and/or state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

- c. The Commission shall, by a majority vote of the administrators, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:
1. Establishing the fiscal year of the Commission;
 2. Providing reasonable standards and procedures:
 - A. for the establishment and meetings of other committees; and
 - B. governing any general or specific delegation of any authority or function of the Commission;
 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator with no proxy votes allowed;
 4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party states.
- e. The Commission shall maintain its financial records in accordance with the bylaws.
- f. The Commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

g. The Commission shall have the following powers:

1. The authority 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;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any Board of Nursing or other regulatory body responsible for nurse practice to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a party state or non-profit organizations;
5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;
6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
7. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
10. To establish a budget and make expenditures;
11. To borrow money;

12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
13. To provide and receive information from, and to cooperate with, law enforcement agencies;
14. To adopt and use an official seal; and
15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.

h. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities, and may accept gifts and grants from other organizations such as the National Council of State Boards of Nursing.
2. The Commission may also levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all member states.
3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; or shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

i. Qualified Immunity, Defense, and Indemnification

1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by

or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful, or wanton misconduct of that person.

2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act error or omission did not result from that person's intentional, willful, or wanton misconduct.

3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful, or wanton misconduct of that person.

Compact Administration and Interchange of Information

~~The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this Compact for his/her state.~~

~~The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this Compact.~~

~~Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI (d).~~

ARTICLE IXVIII

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.
- b. If a majority of the legislatures of the party states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.
- c. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- d. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 1. On the website of the Commission; and
 2. On the website of each party state Board or the publication in which each state would otherwise publish proposed rules.
- e. The notice of proposed rulemaking shall include:
 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

- f. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- g. If a party state Board is required under state law to prepare a financial impact statement as part of the rulemaking process, the Board shall prepare such a statement in accordance with state law prior to the adoption of a rule or amendment by the Commission.
- h. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
1. At least 25 persons;
 2. A governmental subdivision or agency; or
 3. An association having at least 25 members.
- i. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated party in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- j. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- k. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

- l. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- m. Not later than sixty days after a rule is adopted, any interested person may file a petition for judicial review of the rule in the United States district court of the District of Columbia or in the federal district court where the Commission's principal office is located. If the court finds that the action of the Commission is not supported by substantial evidence in the rulemaking record, the court shall hold the rule unlawful and set it aside.
- n. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or party state funds; or
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
- o. The Commission or committee may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the compact governing body, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

- a. Oversight

1. The executive, legislative and judicial branches of state government in each party state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a party state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this compact or promulgated rules.

b. Default, Technical Assistance, and Termination

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
 - A. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - B. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the party states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state, the majority and minority leaders of the defaulting state's legislature, and each of the party states.

4. A state which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

c. Dispute Resolution

1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the compact which arise among party states and between party and non-party states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

3. In the event the Commission cannot resolve disputes among party states arising under this Compact:

A. The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the home state; an individual appointed by the Compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.

B. The decision of a majority of the arbitrators shall be final and binding.

d. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices

against a party state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

Immunity

~~No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this Compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.~~

ARTICLE XI

Entry into Force, Withdrawal and Amendment

- a. This Compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.
- b. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the Compact of any report of adverse action occurring prior to the withdrawal.
- c. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.
- d. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

ARTICLE XI

Construction and Severability

a. This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any state party thereto, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

~~b. In the event party states find a need for settling disputes arising under this Compact:~~

~~a. The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the home state; an individual appointed by the Compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.~~

~~b. The decision of a majority of the arbitrators shall be final and binding.~~

A Brief Summary of Key Revisions to the NLC

1) **Article III (b)**

This provision reflects the discussion to date from the three EO Forums (July 2013, November 2013, March 2014) and the June 2014 EO Summit regarding uniform licensure requirements for issuance of a multistate license (also known as Option D). These uniform licensure requirements would not necessarily prohibit a jurisdiction from issuing a single state license.

2) **Article VI (b)**

New language in this provision requires that Nursys® be notified of licensee participation in an alternative program whether or not non-public.

3) **Article VII**

Article VII adds new provisions which re-establish the current NLCA as a public agency now known as an “Interstate Commission.” This term is commonly used by other compact governing bodies. The Article includes many of the same provisions found in the current NLCA “Articles of Organization”, which will be replaced by bylaws to be developed by the new Commission.

4) **Article VIII**

Article VIII adds new provisions by which Rules may be adopted directly by the Commission rather than the current state-by-state promulgation of rules. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. However, rules may be withdrawn through action by a majority of member state legislatures. 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. The relevant procedural requirements for exercising rulemaking authority include:

- 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

5) **Article IX**

Article IX adds new provisions which improve upon the current mechanisms which ensure compliance with the compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

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

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 9/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Dr. Julie Ellis appointed to NCLEX Examination Committee – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <u>Dr. Ellis was appointed</u> by the NCSBN Board of Directors to the NCLEX Examination Committee. The appointment is for a 2-year term, beginning immediately and ending in concert with the <u>2016 NCSBN Annual Meeting</u>. To be eligible to serve on this NCSBN Committee, the person must be a member of a State Nursing Board. The Wisconsin Board of Nursing must approve of this appointment. The upcoming scheduled meeting dates are: <input type="checkbox"/> October 13-15, 2014 at NCSBN offices <input type="checkbox"/> January 12-14, 2015 at NCSBN offices <input type="checkbox"/> April 6-8, 2015 at NCSBN offices <input type="checkbox"/> July 15, 2015, 10am-12pm Central – Conference call			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600 NCSBN
NCLEX® Examinations Department Fax 312.279.1036

July 15, 2014

Julie L. Ellis, PhD, RN, GCNS-BC

Board Member

Wisconsin Board of Nursing

Email: jellis3@wi.rr.com

Dear Julie:

The National Council of State Boards of Nursing is pleased to inform you of your appointment by the Board of Directors as a member of the NCLEX Examination Committee. Your appointment is for a two-year term, beginning immediately and ending in concert with the 2016 Annual Meeting.

The chairperson of the committee is Janice Hooper, Board Staff, Texas Board of Nursing. Phil Dickison as the staff to this committee will contact you regarding the initial meeting date and to provide specific details relating to your committee. Phil can be reached at (312) 525-3616 and pdickison@ncsbn.org.

The expertise and talent you will bring to this committee is crucial to the mission and strategic initiatives of the National Council. On behalf of the Board of Directors and staff, I thank you for your willingness to serve and interest in involvement in NCSBN. If you have any questions, or are unable to accept this appointment, please contact Alicia Byrd at 312-525-3666 or abyrd@ncsbn.org.

Opportunity/Problem Statement:

Investigate whether the NCLEX examination fully measures the construct that it is intended to measure.

Charge (Target) #1:

Participate in strategic discussion leading to enhancements of the NCLEX examination and its processes.

Impact #1:

Maintain psychometrically sound, legally defensible, innovative NCLEX.

Measurement #1:

The results of the RN Pilot Practice Analysis will be compared to the operational RN Practice Analysis to identify critical components of RN practice related to clinical decision making and judgment that may be underrepresented in the current NCLEX-RN item bank.

Impact #2:

Develop next generation NCLEX Program Reports that meet the needs of Nurse Education Faculty to prepare minimum entry-level nurses for practice.

Measurement #2:

Results of focus group analyzed to produce a business plan for the development of the next generation NCLEX Program Reports.

Charge (Target) #2:

Provide a venue (i.e., Member Board Surveys) for review and discussion of information relative to Member Board examination needs.

Impact #2:

Ensure NCLEX processes, procedures, and information are meeting the needs of the member boards.

Measurement #2:

Develop a statement of work with Pearson VUE to enhance the Pearson VUE Business Intelligence® so that valid, and reliable, primary source NCLEX data is easily accessible to member boards.

Sincerely,



Kathy Apple, MS, RN, CAE
Chief Executive Officer

cc: P. Dickison
D. Williams

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Joshua Archiquette Executive Staff Assistant		2) Date When Request Submitted: 28 August 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than 8 work days before the meeting.</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 11 September 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Nursing Forward – Draft Newsletter Approval	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: NA	
10) Describe the issue and action that should be addressed: <p>The Board should consider approving the Draft of the fall edition of Nursing Forward. Any suggested changes should be submitted with a due date for completion.</p>			
11) Authorization			
Signature of person making this request <i>Joshua Archiquette</i>		Date <i>8/28/2014</i>	
Supervisor (if required)		Date	
Division Administrator (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Nursing Forward

A Publication of the Wisconsin Board of Nursing (BON)

September 2014



Meet the Board:

Peter Kallio, DNP, CRNA, MSN, APNP

Peter J. Kallio has been a CRNA since 1989. He received a DNP from Marquette University in May of 2013. He earned a MSN from Samuel Merritt College, Oakland, CA in 2007. He received his BSN from Marquette University in 1984. He has served as a Lieutenant Commander in the United States Naval Reserve. He is a founder and serves as the Clinical Director of the High Risk Anesthesia Clinic for the VA Medical Center, Milwaukee, WI.

Peter has expertise in Level 1 Trauma, cardiovascular intensive care, and surgical trauma intensive care. He has had his own service corporation in private practice, and worked in military hospitals. In addition to his teaching duties for the Nurse Anesthesia Program at Rosalind Franklin University, College of Health Professions, Peter is a preceptor and anesthesia educator at the Clement J. Zablocki Medical Center (VA), Milwaukee, WI.

The Wisconsin Board of Nursing wishes to acknowledge the many years of dedicated service and thank several former members who have recently left the Board. Registered Nurse Member, R. Shelly Lancaster, Ph.D., MSN, RN, April 19, 2011—September 23, 2013; Public Member Gretchen Lowe, November 30, 2009—December 20, 2013; Registered Nurse Member Carol Ott, PhD, RN, LPC, March 17, 2011—November 15, 2013.



Exiting Board Chair, Julia Nelson, RN, receiving a Certificate of Appreciation from the Department's Deputy Secretary, Bill Wendle

To view past issues of Nursing Forward please visit:

<http://dsps.wi.gov/Boards-Councils/Board-Pages/Board-of-Nursing-Main-Page/Board-of-Nursing-Newsletters/>

BON Chair's Corner

By Dr. Jeffrey G. Miller, DNP, ACRN, APNP



Jeffrey Miller

Welcome to the second issue of Nursing Forward. I am pleased to report that we have had very positive comments regarding the first issue. We appreciate all the feedback and the time it takes to send it to the Board. Please continue to provide us with comments and suggestions for future issues.

As the new Chairperson for the Wisconsin Board of Nursing, I first want to thank Julia Nelson for all of her years of service and commitment to improving nursing excellence in the State of Wisconsin. I also want to personally thank her for the mentorship she provided me during my tenure on the Board. Second, I want to welcome our newest members to the Board: Cheryl Streeter, LPN member, Luann Skarlupka, public member, and Peter Kallio, RN member. I am very pleased with their appointments and look forward with respect to the expertise they bring to the Board.

As we continue to strive to move Wisconsin Nursing Forward through revising legislative rules, working with NCSBN, overseeing regulatory issues, and monitoring disciplines in Wisconsin the newsletter will give us the ability to share updates with you. It is through these endeavors, that the Board strives to continue to maintain and improve nursing excellence in the State of Wisconsin.

The 2014 Discipline Case Management Conference

By Sheryl Krause, RN, MS, CEN, ACNS-BC

And Julie L. Ellis PhD, RN, GCNS-BC

Two board members, Julie Ellis and Sheryl Krause, had the opportunity to attend the 2014 Discipline Case Management Conference in Park City, Utah during the first week of June. The theme of this year's two day conference was "Soaring to New Heights: World Class Case Analysis". This annual conference is sponsored by the National Council of State Boards of Nursing (NCSBN).

Presentations focused on the challenges of substance use disorder cases, as well as strategies for achieving outcomes that protect public safety and support individual nurses. Additional topics included legalized and medical marijuana ramifications, enhancing investigations within the Nurse Licensure Compact, and regulatory considerations related to requiring the influenza vaccination for health care personnel.

Closing sessions each day featured fascinating presentations by an award winning journalist/author. Dr. Sheri Fink spoke about her book entitled *Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital*. In this book, Dr. Fink explores the ethical dilemmas faced by the physicians and staff of Memorial Medical Center in New Orleans in the aftermath of Hurricane Katrina. On the final day of the conference, Charles Graeber discussed the incredible events preceding the arrest of Charles Cullen, a former nurse and perhaps the most diabolically prolific serial killer in American history. Mr. Graeber reveals the entire story in his book entitled *The Good Nurse: A True Story of Medicine, Madness, and Murder*.



Meet the Board: Luann Skarlupka

Luann Skarlupka of De Pere is new to the Board of Nursing in the statutorily-required public member position which lends an outside perspective to the Board's activities. Currently she works with special needs students in the West De Pere School District and serves as the Chief Elections In-

spector for her municipality. Previous to dedicating time to raise her family, she did policy work in the Wisconsin Legislature and then worked in the contracts and compliance area at a health insurance company. She volunteers with her local FFA Alumni which provides career training for students in agriculture science.

Legislation & Rules Committee Update

By Dr. Jeffrey G. Miller, DNP, ACRN, APNP

At the time of the first newsletter, the Legislative Committee had been working on amendments for N1 (Program Approval for Schools of Nursing), N2 (Licensure by Examination), N3 (Licensure by Endorsement), N7 (Rules of Conduct) and creating N9 (Nurse Licensure Compact). To reiterate, the revisions were based on the need to ensure that the statutes and rules reflect modern practice and technology; continue to protect the public and serve as a guideline for nurses. Multiple resources were taken into consideration as changes were developed and recommended including; the National Council of State Boards of Nursing (NCSBN), the Nurse Licensure Compact Rules, comparisons with other States, and public comment.

Much progress has been made on these rules. All five rules have gone through Clearinghouse, public hearings, JCRAR, have been adopted, and have gone into effect on August 1, 2014. I will provide a summary of the updates for each rule but encourage everyone to go to the link on the Board's Website to view the full text of the rules.

www.dsps.wi.gov/Boards-Councils/Administrative-Rules-and-Statutes/Nursing-Administrative-Rules-and-Statutes/

N1 (Approval for Schools of Nursing). The major changes involve clarifying the Board approval jurisdiction to pre-licensure programs, as defined in statute; utilizing the expertise of the national accreditation agencies for program approval; requir-

ing National Accreditation for continued Board approval; formalizing the process for school closures; and defining refresher course approval.

N2 (Licensure). The revisions included combining all licensure issues for N2 and N3; bringing the rule language up to date and consistent with practice; updating qualifications for licensure; updating the application process; and adding endorsement to this chapter.

N3 (Examining Councils). This chapter became the "holding" area for information pertaining to examining councils until such time as the Statute is revised

N7 (Rules of Conduct): The Board updated and modernized misconduct and unprofessional behavior utilizing information from NCSBN and rules from adjacent states. The updates include grounds for limiting, suspending, revoking or denying of a license. The revisions provide a more specific list of unprofessional behaviors which may impact licensure.

N9 (Nurse Licensure Compact): This rule was created to facilitate and coordinate implementation of the nurse licensure compact under Statute.

The Legislative and Rules Committee is currently in the process of revising N5, N6, and N8. Committee meetings are noticed on the website and updates are given at the monthly Board meeting. All input is appreciated.

I will continue to provide legislative updates in each edition of Nursing Forward.



Board of Nursing Membership and Staff Assignments

The Board of Nursing consists of 9 members. The members are appointed by the Governor and confirmed by the Senate.

Board Members:

Jeffrey Miller, Chair (Cedarburg)

Sheryl Krause, Vice Chair (Madison)

Lillian Nolan, Secretary (Fond du Lac)

Paul Abegglen, Registered Nurse Member (Waukesha)

Julie Ellis, Registered Nurse Member (New Berlin)

Peter Kallio, Registered Nurse Member (Muskego)

Maria Joseph, Licensed Practical Nurse Member (Madison)

Cheryl Streeter, Licensed Practical Nurse Member (Van Dyne)

Luann Skarlupka, Public Member (De Pere)

Information on how to apply for appointment to the Wisconsin Board of Nursing can be found through the Office of the Governor:

<http://walker.wi.gov/governor-office/apply-to-serve/boards-commissions>

Department of Safety and Professional Services (DSPS)

Administrative Staff:

Dan Williams, Executive Director

Pamela Stach, Legal Counsel

Jelena Gagula, Bureau Assistant

Executive Staff:

Dave Ross, Secretary

Bill Wendle, Deputy Secretary

Tom Engels, Assistant Deputy Secretary

The dates and times of the Board of Nursing meetings are announced on the DSPS website at <http://dsps.wi.gov>. Meeting agendas are posted approximately one week prior to the meeting.



Meet the Board:

Cheryl Streeter, LPN, CCRL, SWP

Cheryl Streeter, LPN, CCRL, SWP is a new member on the board since April 2014. She started her nursing career in 1984 working in long term care. After three years she moved into clinic nursing where she worked in a variety of departments.

Cheryl became a clinic supervisor in 1998 and spent the next eight years refining her nursing and management skills.

In 2006 she was given the opportunity to work as the manager of inpatient staffing in the nursing division for Affinity Health System, where she was promoted to Director of Workforce Resources, the position she currently holds. In this position she is allowed to use her nursing knowledge to develop, implement, and use a variety of strategic nursing workforce models to staff the nursing division. This includes capacity management, nurse to patient ratios, forecasting trends, and performance metrics.

Cheryl has a passion for nursing and meeting the needs of our patients, and looks forward to serving the State of Wisconsin in her role on the Board of Nursing.

A wealth of useful information is available on the Department of Safety and Professional Services Website at: <http://dsps.wi.gov>

Do you have a change of name or address?

Licensees can update name or address information on the Department website at: <https://online.drl.wi.gov/UserLogin.aspx>

Please note that confirmation of change is not automatically provided. Legal notices will be sent to a licensee’s address of record with the Department.

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565, or (608) 266-2112 in the Madison area to connect to the service you need.

Enforcement Actions of the Board of Nursing

The Board of Nursing, with help from staff at the Department of Safety and Professional Services, can take action against licensed nurses around the state to help protect the profession and the citizens of Wisconsin. You may search for nay of the Board Orders listed below on the Department’s website by using this link:

Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

There are several options the Board can use; some are disciplinary other are non-disciplinary and they include:

Disciplinary options available to the Board:

Reprimand - A public warning of the licensee for a violation.

Limitation of License - Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of practice, or both.

Suspension - Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.

Revocation - To completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential.

Non-disciplinary options available to the Board:

Administrative Warning - Issued if violation is of a minor nature, a first occurrence and the warning will adequately protect the public. The issuance of an Administrative Warning is public information, however the reason for issuance is not.

Remedial Education Order - Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public.

Board Orders

June – August 2014

Order No	Order Date	Respondent	Profession
ORDER0003141	8/14/2014	Lindauer, Sheila M	Registered Nurse
ORDER0001447	7/30/2014	Colburn, Lilamae Ann	Licensed Practical Nurse
ORDER0001994	7/30/2014	Fedie, Kara A	Registered Nurse
ORDER0001994	7/30/2014	Fedie, Kara A	Adv. Practice Nurse Prescriber
LS0906012NUR	7/30/2014	Manriquez, Laura L	Licensed Practical Nurse
LS0804035NUR	7/30/2014	Murphy, Timothy Bernard	Registered Nurse
ORDER0002428	7/30/2014	Pokallus, Patricia A	Registered Nurse
ORDER0001072	7/30/2014	Togba-addy, Amelia	Registered Nurse
LS08060516NUR	7/30/2014	White, Chad E	Licensed Practical Nurse
ORDER0003318	7/14/2014	Fuller, Chandra A	Licensed Practical Nurse
ORDER0003307	7/10/2014	Azcueta, Antonio A	Registered Nurse
ORDER0003303	7/10/2014	Bell, Kelly N	Registered Nurse
ORDER0003312	7/10/2014	Christiansen, Ned O	Registered Nurse
ORDER0003299	7/10/2014	Danforth, Ericka L	Registered Nurse
ORDER0003309	7/10/2014	Doherty, Julia A	Registered Nurse
ORDER0003308	7/10/2014	Jeffro, Gwendolyn K	Licensed Practical Nurse
ORDER0003301	7/10/2014	Jones, Stefanie A	Registered Nurse
ORDER0003298	7/10/2014	Liu, Yamini D	Registered Nurse
ORDER0003305	7/10/2014	Love, Pamela G	Registered Nurse
ORDER0000885	7/10/2014	Malcomson, Annette M	Registered Nurse
ORDER0003306	7/10/2014	Mell, Jessica T	Registered Nurse
ORDER0003314	7/10/2014	Pickhard, Tamera Ruth	Registered Nurse
ORDER0003300	7/10/2014	Rabe, Julie Francine	Registered Nurse
ORDER0003304	7/10/2014	Robbins, Carly M	Registered Nurse
ORDER0003302	7/10/2014	Shufelt, Jacqueline A	Registered Nurse
ORDER0003310	7/10/2014	Skow, Denise C	Registered Nurse
ORDER0003313	7/10/2014	Thelen, Violet K	Registered Nurse
ORDER0003311	7/10/2014	Van Thiel, Leah	Licensed Practical Nurse

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Board Orders

June – August 2014

Order No	Order Date	Respondent	Profession
ORDER0002524	7/9/2014	Hargis, Heidi J	Registered Nurse
ORDER0000298	7/7/2014	Cornell, Randy J	Registered Nurse
ORDER0003020	6/30/2014	Bertin, Christine M	Licensed Practical Nurse
ORDER0001812	6/30/2014	Connaughty, Samantha S	Registered Nurse
ORDER0000629	6/30/2014	Denton, Denise A	Registered Nurse
LS09120315NUR	6/30/2014	Feichtner, Laura J	Registered Nurse
LS0907242NUR	6/30/2014	Forward, Elizabeth	Registered Nurse
ORDER0001132	6/30/2014	Kennison, Robert R	Registered Nurse
ORDER0003290	6/30/2014	Riiser, Becky L	
LS0905079NUR	6/30/2014	Stanton, Ann E	Registered Nurse
LS09012212NUR	6/30/2014	Trunnell, Mary Jo	Registered Nurse
ORDER0000028	6/13/2014	Rusch, Luann Kay	Registered Nurse
LS0807011NUR	6/13/2014	Salkin, Paula M	Registered Nurse
ORDER0003142	6/13/2014	Story, Judy M	Registered Nurse
ORDER0003270	6/12/2014	Ebel, Merrily K	Registered Nurse
ORDER0003268	6/12/2014	Elverman, Andrea R	Licensed Practical Nurse
ORDER0003266	6/12/2014	Fjordbak, Stacy E	Registered Nurse
ORDER0003276	6/12/2014	Gaines, Stephanie Y	Licensed Practical Nurse
ORDER0003271	6/12/2014	Hamilton, Christine A	Registered Nurse
ORDER0003278	6/12/2014	Hiller, Diane L	Registered Nurse
ORDER0003275	6/12/2014	Kanetzke, Nicholas A	Registered Nurse
ORDER0003272	6/12/2014	Kleibor, Wendy A	Registered Nurse
ORDER0003273	6/12/2014	Komlodi, G Paul	Registered Nurse
ORDER0003267	6/12/2014	Lynch, Tonya M	Licensed Practical Nurse
ORDER0003269	6/12/2014	Metz, Amanda K	Registered Nurse
ORDER0003265	6/12/2014	Ritchie, Rhonda L	Registered Nurse
ORDER0003274	6/12/2014	Rix, Janese M	Registered Nurse
ORDER0003277	6/12/2014	Turner, Kathleen M	Licensed Practical Nurse

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