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 record of the actions of the Board.

AGENDA

10:00 A.M.
OR IMMEDIATELY FOLLOWING THE LEGISLATION AND RULES COMMITTEE MEETING

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of May 9, 2019 (6-22)

C. Administrative Matters
   1) Department, Staff and Board Updates
   2) Delegation of Authorities
   3) Board Members – Term Expiration Dates

D. Education and Examination Matters – Discussion and Consideration
   1) Lac Courte Oreilles Ojibwe Community College – Approval to Plan a School of Nursing (23-27)
   2) Herzing University-Madison – Improvement Plan and Explanation of NCLEX Pass Rates (28-41)

E. Practice Matters – Discussion and Consideration
   1) Board Discussion of Nurse Practitioner Prescribing Regulations

F. Legislative and Administrative Rule Matters Items – Discussion and Consideration
   1) Update from the Legislation and Rules Committee
   2) Legislation and Pending or Possible Rulemaking Projects

G. Delegation of Authority for License Approvals – Discussion and Consideration (42)

H. Division of Legal Services and Compliance (DLSC) Matters – Discussion and Consideration
   1) Review of Disciplinary Rubrics (43-50)
I. National Council of State Boards of Nursing (NCSBN) Items – Discussion and Consideration
   1) Review of Board Approval for Nurse Practice Act (NPA) Education Materials (51-65)
   2) Update as to the Nurse Licensure Compact (NLC)

J. Speaking Engagement(s), Travel, or Public Relation Request(s)
   1) Consideration of Attendance at the 2019 NCSBN Annual Meeting August 21-23, 2019 in Chicago, IL (66-71)

K. Board of Nursing Liaison Reports – Discussion and Consideration

L. Informational Items
   1) 2019-2021 Licensure Fee and Credential Schedule (72-79)

M. Discussion and Consideration of Items Added After Preparation of Agenda:
   1) Introductions, Announcements and Recognition
   2) Administrative Matters
   3) Election of Officers
   4) Appointment of Liaisons and Alternates
   5) Delegation of Authorities
   6) Education and Examination Matters
   7) Credentialing Matters
   8) Practice Matters
   9) Legislative and Administrative Rule Matters
   10) Liaison Reports
   11) Board Liaison Training and Appointment of Mentors
   12) Informational Items
   13) Division of Legal Services and Compliance (DLSC) Matters
   14) Presentations of Petitions for Summary Suspension
   15) Petitions for Designation of Hearing Examiner
   16) Presentation of Stipulations, Final Decisions and Orders
   17) Presentation of Proposed Final Decisions and Orders
   18) Presentation of Interim Orders
   19) Petitions for Re-Hearing
   20) Petitions for Assessments
   21) Petitions to Vacate Orders
   22) Requests for Disciplinary Proceeding Presentations
   23) Motions
   24) Petitions
   25) Appearances from Requests Received or Renewed
   26) Speaking Engagements, Travel, or Public Relation Requests, and Reports

N. 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.).

O. Credentialing Matters
   1) Application Reviews
      a. Rose Haleigh – Registered Nurse Application (80-113)

P. Deliberation on DLSC Matters
   1) Administrative Warnings
      a. 18 NUR 439 – G.M.F. (114-115)

   2) Case Closings
      a. 17 NUR 348 – L.A.Z. (116-121)
      b. 17 NUR 536 – P.N.S. (122-124)
      c. 17 NUR 557 – L.T.K. (125-128)
      d. 17 NUR 657 – R.B.R. (129-131)
      e. 17 NUR 719 – V.B.M. (132-135)
      f. 18 NUR 046 – L.J.V.H.B. (136-139)
      g. 18 NUR 063 – J.R.S. (140-144)
      h. 18 NUR 104 – E.L.F. (145-148)
      i. 18 NUR 172 – S.B.W. (149-153)
      j. 18 NUR 339 – C.A.N. (154-156)
      k. 18 NUR 369 – J.R.P.P. (157-160)
      l. 18 NUR 380 – A.M.K. (161-165)
      m. 18 NUR 390 – K.J.C. (166-169)
      n. 18 NUR 572 – P.S. (170-173)
      o. 18 NUR 603 – A.L.S. (174-178)
      p. 18 NUR 661 – L.B. (179-182)
      q. 18 NUR 675 – D.E.N. (183-185)
      r. 18 NUR 692 – R.A.S. (186-189)
      s. 18 NUR 698 – A.K.Y.J. (190-192)
      t. 18 NUR 769 – J.L.E. (193-196)
      u. 19 NUR 031 – G.D.T. (197-199)
      v. 19 NUR 032 – J.A.V. (200-202)

   3) Proposed Stipulations and Final Decisions and Orders
      a. 16 NUR 072 – Chad T. Lanoway, R.N. (203-209)
      b. 16 NUR 721 – Daniel G. Kerr, R.N. (210-217)
      c. 17 NUR 080 – Felicia E. Ike, L.P.N. (218-223)
      d. 17 NUR 157 – Jamie L. Bahling, R.N. (224-232)
      e. 17 NUR 377 – Chelsea R. Kratky, L.P.N. (233-239)
      f. 17 NUR 383 – Kelley A. Growth, R.N. (240-245)
g. 17 NUR 650 – John C. George, R.N. (246-255)
h. 18 NUR 071 – Claire A. Ristow-Seib, R.N. (256-262)
i. 18 NUR 073 – Nanette M. Reed, R.N. (263-268)
j. 18 NUR 421 – Maria J. Puente, R.N. (269-275)
k. 18 NUR 482 – Pete W. Molling, R.N. (276-286)
l. 18 NUR 487 – Jessica L. Wessel, R.N. (287-292)

4) Monitoring Matters (293-294)
   a. Monitor Jesse Benisch
      1. Tamara Pickhard, R.N. – Requesting Full Licensure (295-310)
   b. Monitor Zoua Cha
      1. Anthony Solberg, R.N. – Requesting Reduction in Drug and Alcohol Screens and Reduction in AA/NA Meetings (311-340)
   c. Monitor Erin Graf
      1. Samantha Connaughty, R.N. – Requesting Termination of Setting Restrictions and Direct Supervision (341-351)

Q. Deliberation on Proposed Final Decisions and Orders
   1) Rochelle A. Current, R.N., Respondent (DHA Case Number SPS-18-0044/DLSC Case Number 16 NUR 613) (352-361)
   2) Jill Y. Kimmes, R.N., Respondent (DHA Case Number SPS-19-0024/DLSC Case Number 17 NUR 031) (362-369)
   3) Derek Steinke, R.N., Respondent (DHA Case Number SPS-18-0046/DLSC Case Number 17 NUR 034) (370-383)

R. Deliberation on Matters Relating to Costs/Order Fixing Costs
   1) Michael T. Harasymiw, R.N., Respondent (DHA Case Number SPS-18-0007/DLSC Case Number 16 NUR 421) (384-398)

S. Deliberation of Items Added After Preparation of the Agenda
   1) Education and Examination Matters
   2) Credentialing Matters
   3) DLSC Matters
   4) Monitoring Matters
   5) Professional Assistance Procedure (PAP) Matters
   6) Petitions for Summary Suspensions
   7) Petitions for Designation of Hearing Examiner
   8) Proposed Stipulations, Final Decisions and Order
   9) Proposed Interim Orders
   10) Administrative Warnings
   11) Review of Administrative Warnings
   12) Proposed Final Decisions and Orders
   13) Matters Relating to Costs/Orders Fixing Costs
   14) Case Closings
   15) Board Liaison Training
16) Petitions for Assessments and Evaluations
17) Petitions to Vacate Orders
18) Remedial Education Cases
19) Motions
20) Petitions for Re-Hearing
21) Appearances from Requests Received or Renewed

T. Consulting with Legal Counsel
   1) Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin
   2) Update on Klimek v. DSPS No. 18-CV-0128

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

U. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
V. Open Session Items Noticed Above Not Completed in the Initial Open Session

W. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
   1) Discussion of 2019 Meeting Dates
   2) Newsletter Planning and Draft Review

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

ADJOURNMENT

NEXT MEETING DATE: JULY 11, 2019

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.
BOARD OF NURSING
MEETING MINUTES
MAY 9, 2019

PRESENT:  Rosemary Dolatowski, Jennifer Eklof, Peter Kallio, Lillian Nolan, Lisa Pisney (arrived at 8:11 a.m.), Luann Skarlupka, Elizabeth Smith Houskamp, Pamela White (via Skype/Disconnected 9:37 a.m. to 9:46 a.m.); Emily Zentz

STAFF:  Debra Sybell, Executive Director; Lauren Tobiason, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other DSPS Staff

CALL TO ORDER

Peter Kallio, Chairperson, called the meeting to order at 8:05 a.m. A quorum of eight (8) members was confirmed.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- Open Session – Change the title of item number 6, under item H. “Education and Examination Matters” to read as “Herzing University – Brookfield Curriculum Complaint Questions”
- Open Session – Move the item titled “Legislative and Administrative Rule Matters” to occur after the item titled “Education and Examination Matters”
- Closed Session: Under item P. “Deliberation on Proposed Final Decisions and Orders”
  - ADD: “2. David Lenninger, R.N., A.P.N.P., Renewal Applicant (DHA Case Number SPS-18-0032/DLSC Case Number 18 NUR 297)”

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

APPROVAL OF MINUTES OF MARCH 14, 2019

MOTION:  Luann Skarlupka moved, seconded by Jennifer Eklof, to approve the minutes of March 14, 2019 as published. Motion carried unanimously.

(Lisa Pisney joined the meeting at 8:11 a.m.)
ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

<table>
<thead>
<tr>
<th>2019 SCREENING PANEL APPOINTMENTS</th>
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<tbody>
<tr>
<td>March 2019</td>
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<tr>
<td>Jennifer Eklof, Elizabeth Smith Houskamp, Lillian Nolan</td>
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<tr>
<td>April 2019–June 2019</td>
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<tr>
<td>Elizabeth Smith Houskamp, Luann Skarlupka</td>
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<tr>
<td>July 2019–September 2019</td>
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<tr>
<td>Pamela White, Lisa Pisney, Emily Zentz</td>
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<tr>
<td>October 2019–December 2019</td>
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<tr>
<td>Rosemary Dolatowski, Jennifer Eklof</td>
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EDUCATION AND EXAMINATION MATTERS

Chippewa Valley Technical College – Approval to Plan a Practical Nursing School

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, to acknowledge and thank Amy Olson, M.S.N., R.N., of Chippewa Valley Technical College for her appearance before the Board. Motion carried unanimously.

MOTION: Pamela White moved, seconded by Elizabeth Smith Houskamp, to grant Chippewa Valley Technical College authorization to plan a Practical Nursing School. Motion carried unanimously.

Lakeshore Technical College – Approval of a Practical Nursing School

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, to acknowledge and thank Kay Avei, M.S.N., R.N., of Lakeshore Technical College for her appearance before the Board. Motion carried unanimously.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to grant Lakeshore Technical College approval of a Practical Nursing School. Motion carried unanimously.

Silver Lake College – Approval of a Registered Nursing School

MOTION: Luann Skarlupka moved, seconded by Pamela White, to acknowledge and thank Brianna Neuser, M.S.N., R.N., of Silver Lake College for her appearance before the Board. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Pamela White, to grant Silver Lake College approval of a Registered Nursing School. Motion carried unanimously.
Annual NCLEX Pass Rate Report

MOTION: Elizabeth Smith Houskamp moved, seconded by Jennifer Eklof, that Herzing College-Madison submit by June 23, 2019 (45 days) an explanation or analysis of NCLEX pass rates, including reasons the plans submitted to the Board for 2015, 2016, 2017 and 2018 for improvement were unsuccessful and their plan to meet the NCLEX pass rate standard. This explanation or analysis must be approved by the Board to retain authorization, and an appearance before the Board no later than July 11, 2019 meeting. Motion carried unanimously.

Herzing University – Brookfield Curriculum Questions

MOTION: Lisa Pisney moved, seconded by Emily Zentz, to acknowledge and thank Dr. Deborah Ziebarth and Dr. Stephen McEvoy, of Herzing University – Brookfield, for their appearance before the Board. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Elizabeth Smith Houskamp, to request DSPS staff communicate with the students of Herzing University – Brookfield regarding the questions they posed to the Board. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adopt CR 18-030 Relating to Nurse Licensure Compact

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to approve the Adoption Order for Clearinghouse Rules 18-030, relating to the Nurse Licensure Compact. Motion carried unanimously.

(Pamela White was disconnected from the meeting from 9:37 a.m. to 9:46 a.m.)

CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, 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 warnings (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.). Peter Kallio, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Rosemary Dolatowski-yes; Jennifer Eklof-yes; Peter Kallio-yes; Lillian Nolan-yes; Lisa Pisney-yes; Luann Skarlupka-yes; Elizabeth Smith Houskamp-yes; Pamela White-yes; and Emily Zentz-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:56 a.m.
CREDENTIALING MATTERS

Application Reviews

APPEARANCE: Applicant and Attorney Tamara Packard – Brandon Moose, Registered Nurse Renewal Application

MOTION: Lillian Nolan moved, seconded by Jennifer Eklof, to approve the Registered Nurse renewal application of Brandon Moose. Motion carried unanimously.

Spencer Meyer – Registered Nurse Application

MOTION: Elizabeth Smith Houskamp moved, seconded by Rosemary Dolatowski, to allow Spencer Meyer, Registered Nurse applicant, to reapply for licensure once all requirements of the Oklahoma Order (Dated: 4/3/2019) are met. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Attorney Elizabeth Bronson

Case Closings

16 NUR 148 – R.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 16 NUR 148, against R.G., for Prosecutorial Discretion (P7). Motion carried unanimously.

18 NUR 209 – R.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 209, against R.G., for Prosecutorial Discretion (P7). Motion carried unanimously.

18 NUR 358 – A.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 358, against A.G., for Prosecutorial Discretion (P5). Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 021 & 17 NUR 358 – Coreen A. Elliott, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Coreen A. Elliott, R.N., DLSC Case Numbers 17 NUR 021 & 17 NUR 358. Motion carried unanimously.
17 NUR 125 – Dewita Chambers, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Dewita Chambers, L.P.N., DLSC Case Numbers 17 NUR 125. Motion carried unanimously.

17 NUR 355 – Antoinette D. McGee, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Antoinette D. McGee, R.N., DLSC Case Numbers 17 NUR 355. Motion carried unanimously.

Attorney Zachary Hetfield

Case Closings

17 NUR 390 – L.A.C.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 390, against L.A.C., for No Violation. Motion carried unanimously.

17 NUR 444 – E.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 444, against E.G., for No Violation. Motion carried unanimously.

17 NUR 591 – L.M.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 591, against L.M.W., for Insufficient Evidence. Motion carried unanimously.

18 NUR 215 – S.P. & S.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 215, against S.P. & S.W., for Insufficient Evidence. Motion carried unanimously.

18 NUR 398 – S.O.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 398, against S.O., for Insufficient Evidence. Motion carried unanimously.
Stipulations and Final Decisions and Orders

16 NUR 132 – April J. Stokes, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against April J. Stokes, L.P.N., DLSC Case Numbers 16 NUR 132. Motion carried unanimously.

17 NUR 465 – Jennifer J. Busche, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jennifer J. Busche, R.N., DLSC Case Numbers 17 NUR 465. Motion carried unanimously.

17 NUR 551 – Loriann M. Miller, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Loriann M. Miller, R.N., DLSC Case Numbers 17 NUR 551. Motion carried unanimously.

17 NUR 714 – Jordan Waly, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jordan Waly, R.N., DLSC Case Numbers 17 NUR 714. Motion carried unanimously.

Attorney Joost Kap

Case Closings

18 NUR 048 – M.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 048, against M.G., for Prosecutorial Discretion (P2). Motion carried unanimously.

Attorney Alicia Kennedy

Administrative Warnings

17 NUR 366 – L.M.L.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, not to issue the Administrative Warning in the matter of 17 NUR 366 (L.M.L.) and to close the case for Insufficient Evidence. Motion carried unanimously.
17 NUR 733 – B.J.D.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 17 NUR 733 (B.J.D.). Motion carried unanimously.

18 NUR 449 – E.L.K.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 18 NUR 449 (E.L.K.). Motion carried unanimously.

Case Closings

17 NUR 274 – P.J.K.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 274, against P.J.K., for No Violation. Motion carried unanimously.

17 NUR 333 – A.L.H.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 333, against A.L.H., for Insufficient Evidence. Motion carried unanimously.

17 NUR 425 – I.J.L.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 425, against I.J.L., for Prosecutorial Discretion (P7). Motion carried unanimously.

17 NUR 647 – K.M.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 647, against K.M.B., for Lack of Jurisdiction (L2). Motion carried unanimously.

18 NUR 011 – M.L.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 011, against M.L.B., for Prosecutorial Discretion (P5). Motion carried unanimously.

18 NUR 155 – K.B.J.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 155, against K.B.J., for Lack of Jurisdiction (L2). Motion carried unanimously.
18 NUR 475 – R.L.S.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 475, against R.L.S., for No Violation. Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 225 – Julie A. Baisa, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Julie A. Baisa, R.N., DLSC Case Number 17 NUR 225. Motion carried unanimously.

17 NUR 326 – Kathryn M. Tiedemann, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Kathryn M. Tiedemann, R.N., DLSC Case Number 17 NUR 326. Motion carried unanimously.

17 NUR 394 – Laura A. Peterson, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Laura A. Peterson, R.N., DLSC Case Number 17 NUR 394. Motion carried unanimously.

17 NUR 437 – Kristina N. Kendall, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Kristina N. Kendall, L.P.N., DLSC Case Number 17 NUR 437. Motion carried unanimously.

17 NUR 466 – Barbara S. Odell, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Barbara S. Odell, R.N., DLSC Case Number 17 NUR 466. Motion carried unanimously.

17 NUR 532 – Lori L. Reidt, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Lori L. Reidt, L.P.N., DLSC Case Number 17 NUR 532. Motion carried unanimously.
17 NUR 598 – Melissa M. Leibundgut, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Melissa M. Leibundgut, R.N., DLSC Case Number 17 NUR 598. Motion carried unanimously.

17 NUR 625 – Todd W. Schneider, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Todd W. Schneider, R.N., DLSC Case Number 17 NUR 625. Motion carried unanimously.

17 NUR 774 – Amanda L. Soltau, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Amanda L. Soltau, R.N., DLSC Case Number 17 NUR 774. Motion carried unanimously.

Attorney Lesley McKinney

Administrative Warnings

17 NUR 485 – K.M.J.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 17 NUR 485 (K.M.J.). Motion carried unanimously.

18 NUR 118 – A.G.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 18 NUR 111 (A.G.). Motion carried unanimously.

18 NUR 118 – Y.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 18 NUR 111 (Y.W.). Motion carried unanimously.

Case Closings

16 NUR 765 – R.C.C.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 16 NUR 765, against R.C.C., for Prosecutorial Discretion (P5). Motion carried unanimously.
17 NUR 328 – S.J.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 328, against S.J.B., for Insufficient Evidence. Motion carried unanimously.

17 NUR 507 – M.H.

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to close the DLSC Case Number 17 NUR 507, against M.H., for Insufficient Evidence. Motion carried.

(Pamela White recused herself and left the room for deliberation and voting in the matter concerning M.H., DLSC Case Number 17 NUR 507.)

17 NUR 586 – K.M.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 586, against K.M.W., for No Violation. Motion carried unanimously.

17 NUR 721 – G.D.R.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 721, against G.D.R., for Insufficient Evidence. Motion carried unanimously.

18 NUR 168 – T.P.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 168, against T.P., for No Violation. Motion carried unanimously.

18 NUR 176 – T.J.P.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 176, against T.J.P., for No Violation. Motion carried unanimously.

18 NUR 184 – K.A.J. & J.D.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 184, against K.A.J. & J.D.W., for No Violation. Motion carried unanimously.

18 NUR 415 – E.M.P.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 415, against E.M.P., for No Violation. Motion carried unanimously.
18 NUR 550 – L.M.C.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 550, against L.M.C., for Prosecutorial Discretion (P5). Motion carried unanimously.

19 NUR 046 – K.A.S.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 19 NUR 046, against K.A.S., for No Violation. Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 432 – Jason R. Chaplin, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jason R. Chaplin, L.P.N., DLSC Case Number 17 NUR 432. Motion carried unanimously.

17 NUR 462 – Kristina M. Kurtz, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kristina M. Kurtz, R.N., DLSC Case Number 17 NUR 462. Motion carried unanimously.

17 NUR 482 – Kristine M. Disrud, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kristine M. Disrud, R.N., DLSC Case Number 17 NUR 482. Motion carried unanimously.

17 NUR 493 – Tina M. King, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Tina M. King, R.N., DLSC Case Number 17 NUR 493. Motion carried unanimously.

17 NUR 514 – Paula J. Fromm, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Paula J. Fromm, L.P.N., DLSC Case Number 17 NUR 514. Motion carried unanimously.
MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Amanda J. Monson, R.N., DLSC Case Number 17 NUR 552. Motion carried unanimously.

Attorney Colleen Meloy

Case Closings

17 NUR 730 – K.M.M.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 730, against K.M.M., for Insufficient Evidence. Motion carried unanimously.

18 NUR 158 – S.J.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 158, against S.J.B., for No Violation. Motion carried unanimously.

Attorney Gretchen Mrozinski

Stipulations and Final Decisions and Orders

18 NUR 341 – Colleen J. Bradley, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Colleen J. Bradley, R.N., DLSC Case Number 18 NUR 341. Motion carried unanimously.

Attorney Carley Peich Kiesling

Administrative Warnings

17 NUR 160 – T.J.H.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 17 NUR 160 (T.J.H.). Motion carried unanimously.
Case Closings

17 NUR 142 – J.M.M.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 142, against J.M.M., for Prosecutorial Discretion (P2). Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 381 – Susan A. Bickel, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Susan A. Bickel, R.N., DLSC Case Number 17 NUR 381. Motion carried unanimously.

Attorney Zachary Peters

Administrative Warnings

18 NUR 124 – A.W.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to issue an Administrative Warning in the matter of 18 NUR 124 (A.W.). Motion carried unanimously.

Case Closings

17 NUR 773 – K.L.Z.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 17 NUR 773, against K.L.Z., for No Violation. Motion carried unanimously.

18 NUR 493 – C.A.Q.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 493, against C.A.Q., for Insufficient Evidence. Motion carried unanimously.

18 NUR 555 – H.A.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 555, against H.A., for Prosecutorial Discretion (P5). Motion carried unanimously.
18 NUR 556 – L.A.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 556, against L.A.B., for Prosecutorial Discretion (P5). Motion carried unanimously.

18 NUR 687 – K.L.M.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 687, against K.L.M., for Insufficient Evidence. Motion carried unanimously.

18 NUR 762 – M.B.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 762, against M.B., for Prosecutorial Discretion (P5). Motion carried unanimously.

18 NUR 781 – S.A.J.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to close the DLSC Case Number 18 NUR 781, against S.A.J., for Prosecutorial Discretion (P5). Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 191 & 17 NUR 154 – Lesley A. Wilcox, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Lesley A. Wilcox, L.P.N., DLSC Case Numbers 17 NUR 191 & 17 NUR 154. Motion carried unanimously.

18 NUR 482 – Pete W. Molling, R.N.

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Pete W. Molling, R.N., DLSC Case Number 18 NUR 482. Motion carried unanimously.
Monitoring

Department Monitor Zhou Cha

Misty DeMark, R.N.
Requesting Reinstatement of Full Licensure or Reduction in Screens, Termination of Direct Supervision, and Access to Controlled Substances

MOTION: Elizabeth Smith Houskamp moved, seconded by Jennifer Eklof, to grant the request of Misty DeMark, R.N., for reinstatement of full licensure. Motion carried unanimously.

Brenda Pecor, L.P.N.
Requesting Reinstatement of Full Licensure

MOTION: Lillian Nolan moved, seconded by Pamela White, to grant the request of Brenda Pecor, L.P.N., for reinstatement of full licensure. Motion carried unanimously.

Wendy Senger, L.P.N.
Violation of Board Order

MOTION: Jennifer Eklof moved, seconded by Luann Skarlupka, to make a finding that Wendy Senger, L.P.N. has violated the terms of the Board Order (7/11/2013) which is conduct imperiling the public health, safety, and welfare. The Board authorizes the Monitoring Liaison and Board Counsel to draft an Order imposing a suspension, and additional conditions and limitations, as a result of violating the terms of the Order. Motion carried unanimously.

Lolita Sharpe, R.N.
Requesting Ability to Work in Clinical Setting

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, to grant the request of Lolita Sharpe, R.N., for ability to work in a clinical setting. Motion carried unanimously.

Department Monitor Erin Graf

Dawn Blazier, R.N.
Requesting Reinstatement of Full Licensure

MOTION: Rosemary Dolatowski moved, seconded by Emily Zentz, to grant the request of Dawn Blazier, R.N., for reinstatement of full licensure. Motion carried unanimously.
Leyonna Boyd, R.N.
Requesting Reinstatement of Full Licensure

MOTION: Luann Skarlupka moved, seconded by Pamela White, to grant the request of Leyonna Boyd, R.N., for reinstatement of full licensure. Motion carried unanimously.

Melissa Kamp, R.N.
Requesting Reduction in Screens, Access to Controlled Substances and Reduction in AA/NA Meetings

MOTION: Rosemary Dolatowski moved, seconded by Jennifer Eklof, to grant the request of Melissa Kamp, R.N., for a reduction in the frequency of drug screens to 14 per year plus 1 annual hair test, and to reduce the frequency of AA/NA meetings to once per week, and to deny the request for access to controlled substances. Reason for Denial: Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISIONS AND ORDERS

Mary E. Akins, R.N., Respondent (DHA Case Number SPS-18-0048/DLSC Case Number 17 NUR 001)

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Mary E. Akins, R.N., Respondent (DHA Case Number SPS-18-0048/DLSC Case Number 17 NUR 001). Motion carried unanimously.

David Lenninger, R.N., A.P.N.P., Renewal Applicant (DHA Case Number SPS-18-0032/DLSC Case Number 18 NUR 297)

MOTION: Elizabeth Smith Houskamp moved, seconded by Jennifer Eklof, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of David Lenninger, R.N., A.P.N.P., Renewal Applicant (DHA Case Number SPS-18-0032/DLSC Case Number 18 NUR 297). Motion carried.

(Peter Kallio recused himself and left the room for deliberation and voting in the matter concerning David Lenninger, R.N., A.P.N.P., Renewal Applicant (DHA Case Number SPS-18-0032/DLSC Case Number 18 NUR 297). Debra Sybell facilitated the meeting while Peter Kallio was out of the room.)

RECONVENE TO OPEN SESSION

MOTION: Jennifer Eklof moved, seconded by Emily Zentz, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 2:07 p.m.
VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Jennifer Eklof moved, seconded by Luann Skarlupka, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Pamela White moved, seconded by Jennifer Eklof, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:15 p.m.
State of Wisconsin  
Department of Safety & Professional Services

AGENDA REQUEST FORM

<table>
<thead>
<tr>
<th>1) Name and Title of Person Submitting the Request:</th>
<th>Joan Gage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Date When Request Submitted:</td>
<td>5/30/2019</td>
</tr>
</tbody>
</table>

Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.

| 3) Name of Board, Committee, Council, Sections:  |
|-------------------------------------------------|-----------|
| Board of Nursing                                |

| 4) Meeting Date:                                 |
|-------------------------------------------------|-----------|
| 6/13/2019                                       |

| 5) Attachments:                                  |
|-------------------------------------------------|-----------|
| ☒ Yes                                            |
| ☐ No                                             |

| 6) How should the item be titled on the agenda page? |
|-----------------------------------------------------|-----------|
| LCO School of Nursing - Approval to Plan            |

| 7) Place Item in:                                 |
|---------------------------------------------------|-----------|
| ☑ Open Session                                    |
| ☐ Closed Session                                  |

| 8) Is an appearance before the Board being scheduled? |
|------------------------------------------------------|-----------|
| ☐ Yes (Fill out Board Appearance Request)            |
| ☒ No                                                 |

| 9) Name of Case Advisor(s), if required:             |
|-----------------------------------------------------|-----------|

| 10) Describe the issue and action that should be addressed: |
|------------------------------------------------------------|-----------|
| Lac Courte Oreilles Ojibwa Community College requests approval to plan a school of nursing. |

| 11) Signature of person making this request            |
|--------------------------------------------------------|-----------|
| Joan R. Gage                                           |

Authorization  
Date 5/30/19

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.
Wisconsin Department of Safety and Professional Services  
Mail To: P.O. Box 8366  
Madison, WI 53705-8366  
4822 Madison Yards Way  
Madison, WI 53705  
FAX #: (608) 266-2602  
Phone #: (608) 266-2112  
E-Mail: web@dsps.wi.gov  
Website: http://dsps.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: Joe Cawte Gables Osburn Community College

Address: 13466 W. Trepania Rd.  
Hayward, WI, 54843

Nursing Program(s) (ADN, BSN, Other): ADN/BSN to ADW

Lisa Munive  
Name of School Representative Submitting Proposal

Signature

715-634-4790 ext. 132  
Telephone Number

Dean of Academic Affairs

Title

5/23/2019  
Date

Email Address

#3025 (8/14)  
Ch. N 1.03, Wis. Admin. Code

Committed to Equal Opportunity in Employment and Licensing
Proposal to Authorize a School of Nursing at Lac Courte Oreilles Ojibwe Community College.

Introduction

In 2011, the Institute of Medicine in its report on the future of nursing noted, “a more diverse workforce will help better meet current and future health care needs and provide more culturally relevant care.” Then, in a follow-up report in 2015, the National Academy of Medicine (formerly the Institute of Medicine) stated that, “evidence suggests that racially, ethnically, and socioeconomically diverse health care providers are likely to practice in communities with similar populations, improving access to and quality of health care in those communities.”

Native American/Alaska Native nurses working the frontlines within their own communities are more likely to make a difference in the health of Native people because they have a deeper understanding, respect and appreciation for the lifeways of their people. These nurses not only provide nursing care that is consistent with cultural beliefs and practices, but also are in a better position to meet the needs for patients who only speak their indigenous language. Research also shows there is greater trust, respect and improved satisfaction in the health care delivery system when Native people care for their own people. Further emphasizing the need for more Native American/Alaska Native nurses.

The Associate Degree of Nursing Program and the LPN to RN Program will share the mission of Lac Courte Oreilles Ojibwe Community College to serve the Indian Community by providing curriculum reflecting the Ojibwe culture. The mission of this program will be to educate individuals with the art of nursing care through enhancing the health of the community.

Program Approval Information

1. Lac Courte Oreilles Ojibwe Community College (LCOOCC) located at 13466 West Trepania Road, Hayward, WI. 54843, is currently accredited by the Higher Learning Commission evidenced by the enclosed letter of accreditation.

2. LCOOCC plans to develop their current school of nursing to provide programs for LPN to RN and an Associate’s Degree of Nursing (ADN) to prepare students to become RN’s. Instruction will be provided face to face in our institution in classrooms and a clinical nursing lab and in local health care facilities.

3. As we are currently completing our current nursing program and redesigning it, we do have relationships established with the Marshfield clinic system and hospitals in Hayward, Ladysmith, and Rice Lake as well as Shell Lake Hospital and numerous other nursing homes and sites located in the areas our college serves. Our agreements are continuing at this time due to our nursing assistant class, which is now active. When we are approved to reenroll students, we will reestablish the nursing contracts to provide the clinical education services they provide.
4. We will staff the program this year with Sajeetha Babu, Director of Nursing, Char Yagle, adjunct, and Kim Beaudin, adjunct. We want to begin the first cohort with eight students with this limited staffing. When the first cohort is underway successfully, we will advertise (in higher education, papers, and through our health care partners) for an additional full time instructor before we begin the second year and start a new cohort. When fully staffed, the program will accept 16 students for a new cohort.

**Sajeetha Babu**: BS in Nursing / MS in Nursing Educator / Wisconsin RN license

**Char Yagle**: BS Nursing / MS Nursing / Rn license

**Kim Beaudin**: BS Nursing / RN license / Trainer for Nursing Assistant

5. Timeline: Pre-work began this academic year to determine issues and challenges and to learn about state requirements and review best practices and learn about solid nursing programs around the state. We are committed to developing a strong and successful program. Our native communities need this opportunity.

As Dean of Academic Affairs, I reviewed the current program and its policies and practices. These are the issues we identified and discussed with our executive council and our President:

1. One of the most glaring issues was a no involvement approach from past administration regarding knowledge and interaction of the Nursing program and requirements of the state. During this academic year, I met with the staff, reviewed and read requirements and made note of best practices in nursing education.

2. Part of my job is to travel and work with all of our partner colleges. We are a two-year institution and as such, we work to provide articulations to colleges for each of our degrees. During this time, we also visited with nursing programs to learn about their work, their curriculum, and students’ advisement.

3. The past director of Nursing was derelict in her responsibilities, and it went unnoticed until I was given the task of supervision. During that time, I observed a decision to suspend extra support to prepare students before taking the NCLEX.

4. Students were struggling with so many credits being included within one semester. We are proposing a new curriculum that allows successful completion of the general education courses before admittance into the nursing program formally. Students will also take the Test of Essential Academic Skills (TEAS) before admittance to determine readiness.

5. Most importantly, the Dean of Academic Affairs will supervise Sajeetha Babu, Director of Nursing and work collaboratively to keep the institution aware of progress and immediately address any challenges that arise. The Dean of Academic Affairs will also work alongside the Director as they establish partners for student clinicals. The development of agreements is the prevue of the Dean of Academic Affairs for the institution, and this partnership will ensure all parties are prepared and ready to participate.
6. All nursing policies and procedures will now come before the Board of Regents as all academic policies do so that all administrators are informed and able to support the program fully.

Planning the program: Pre-planning is underway as we are reviewing strong models of nursing within the state and analyzing the challenges with the old program. We have versions of each program partially identified and if approved will complete the planning process for curriculum.

Policies reviewed during the past semester: After receiving approval for Nursing Assistant, we reviewed all polices within the Allied Health Program to determine how they worked together and which were exclusive to each Allied Health program.

If approved, to plan:

By July 1, 2019: Complete curriculum and policies and all other requirements for Program approval Sept 2, 2019.

We hope to begin accepting students by fall semester 2019.
# AGENDA REQUEST FORM

<table>
<thead>
<tr>
<th>1) Name and Title of Person Submitting the Request:</th>
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<td>Joan Gage</td>
<td>6/5/2019</td>
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*Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.*

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<th>5) Attachments:</th>
<th>6) How should the item be titled on the agenda page:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/13/2019</td>
<td>☒ Yes</td>
<td>Herzing University-Madison Improvement Plan and Explanation of NCLEX Pass Rates</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

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<th>9) Name of Case Advisor(s), if required:</th>
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</thead>
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<td>☒ Open Session</td>
<td>☒ Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>☐ Closed Session</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

10) Describe the issue and action that should be addressed:

Herzing University-Madison requests an opportunity to address their nursing schools most recent NCLEX student pass rates and their proposed improvement plan.

<table>
<thead>
<tr>
<th>11) Authorization</th>
</tr>
</thead>
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<tr>
<td>Joan Gage</td>
</tr>
<tr>
<td>Signature of person making this request</td>
</tr>
<tr>
<td>Supervisor (if required)</td>
</tr>
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</table>

| 12) 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.
June 4th, 2019

Debra Sybell
Executive Director
Division of Policy Development
WI Department of Safety & Professional Services
Debra.Sybell@wisconsin.gov

Re: Herzing University - Madison Explanation of NCLEX pass rates

Dear Ms. Sybell:

In response to a written request from Peter Kallio, Chairperson of the Wisconsin Board of Nursing, we would like to provide the following:

• An identification of factors that are potentially affecting the low NCLEX pass rate of graduates from Herzing University – Madison;
• An analysis of the improvement plans that were submitted to the BON in 2015, 2016, 2017 and 2018 which did not result in successful examination results; and
• An institutional plan for improvement of examination results, including outcomes and timeframes.

Factors contributing to 2018 NCLEX Pass Rates

In 2018, Herzing University - Madison test takers were comprised of 30 ADN graduates and no BSN graduates. Although the ADN program was closed in February of last year, Herzing University-Madison continues to support graduates from the ADN program.

In 2018, of the 30 graduates who sat for the NCLEX, 14 failed, resulting in a pass rate of 53.33% (16/30)

<table>
<thead>
<tr>
<th>2018 ADN Test Takers</th>
<th>Graduation Cohort</th>
<th># Test Attempts</th>
<th>Pass</th>
<th>Fail</th>
<th>Level of Engagement</th>
<th>Additional Resources Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td>2014</td>
<td>4</td>
<td>X</td>
<td></td>
<td>Weekly</td>
<td>Private 1:1, Kaplan</td>
</tr>
<tr>
<td>Student B</td>
<td>2015</td>
<td>2</td>
<td>X</td>
<td></td>
<td>Weekly</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td><strong>Student C</strong></td>
<td><strong>2016</strong></td>
<td><strong>4</strong></td>
<td><strong>X</strong></td>
<td></td>
<td><strong>Weekly</strong></td>
<td><strong>Private 1:1, ATI</strong></td>
</tr>
<tr>
<td>Student D</td>
<td>2016</td>
<td>5</td>
<td>X</td>
<td></td>
<td>Weekly</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td>Student E</td>
<td>2016</td>
<td>3</td>
<td>X</td>
<td></td>
<td>Moderate</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td>Student F</td>
<td>2016</td>
<td>3</td>
<td>X</td>
<td></td>
<td>Moderate</td>
<td>Private 1:1, Kaplan</td>
</tr>
<tr>
<td>Student G</td>
<td>2016</td>
<td>1</td>
<td>X</td>
<td></td>
<td>Not Engaged</td>
<td></td>
</tr>
<tr>
<td>Student H</td>
<td>2016</td>
<td>6</td>
<td>X</td>
<td></td>
<td>Weekly</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td>Student I</td>
<td>2017</td>
<td>2</td>
<td>X</td>
<td></td>
<td>Weekly</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td><strong>Student J</strong></td>
<td><strong>2017</strong></td>
<td><strong>2</strong></td>
<td><strong>X</strong></td>
<td></td>
<td><strong>Weekly</strong></td>
<td><strong>Private 1:1, ATI</strong></td>
</tr>
<tr>
<td>Student K</td>
<td>2017</td>
<td>1</td>
<td>X</td>
<td></td>
<td>Not Engaged</td>
<td></td>
</tr>
<tr>
<td>Student L</td>
<td>2017</td>
<td>2</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Student M</td>
<td>2017</td>
<td>1</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Student N</td>
<td>2017</td>
<td>1</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Of the 14 graduates who failed, we supported all of them to sit for the NCLEX in 2019. To date, four of those graduates tested in 2019 and passed the NCLEX (highlighted in yellow above).

In addition, there are 20 outstanding ADN graduates. Of those 20 graduates, 14 individuals are actively engaged in NCLEX preparation through private 1:1 coaching and use of resources such as ATI and Kaplan. Of those 14 graduates, one individual has never sat for the NCLEX. The remaining six graduates are not interested in sitting for the NCLEX. Below is a chart comparing the ATI Fundamental Assessment among the outstanding ADN graduates who did not pass the NCLEX in 2018 to the national mean and the two most recent BSN graduating cohorts of December 2018 and April 2019.
This chart demonstrates that the ADN graduates exhibit deficiencies in foundational concepts as evidenced by a significantly lower mean score achieved on the proctored ATI Fundamental Assessment (51.25%) when compared to the national mean (64.5%), December 2018 (69.20%), and April 2019 (66.83%) BSN cohorts. We have committed to helping these ADN graduates who are engaged and dedicated to remediating and preparing to sit for the NCLEX. The support to these graduates includes private 1:1 coaching, 1:1 remediation in-person or virtually, NCLEX review workshops, and support with NCLEX programs such as ATI and Kaplan.

For 2018, the Herzing University – Madison pass rate is disproportionately influenced by the graduates of the ADN program—a program that has been closed. Since January 2019, six ADN graduates tested with four passing for a pass rate of 66.67% and 13 BSN graduates tested with 12 passing for a pass rate of 92.31%. Our current nursing school pass rate is 84.21% (16/19).

<table>
<thead>
<tr>
<th>2018 ADN Test Takers</th>
<th>Program (ADN/BSN)</th>
<th>Graduation Cohort</th>
<th># Test Attempts</th>
<th>Pass</th>
<th>Fail</th>
<th>Level of Engagement</th>
<th>Additional Resources Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td>AND</td>
<td>2016</td>
<td>4</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student B</td>
<td>AND</td>
<td>2016</td>
<td>6</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student C</td>
<td>AND</td>
<td>2016</td>
<td>3</td>
<td>X</td>
<td>Moderate</td>
<td></td>
<td>Private 1:1, Kaplan</td>
</tr>
<tr>
<td>Student D</td>
<td>AND</td>
<td>2016</td>
<td>2</td>
<td>X</td>
<td>Weekly</td>
<td></td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td>Student E</td>
<td>AND</td>
<td>2017</td>
<td>2</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student F</td>
<td>AND</td>
<td>2017</td>
<td>3</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student G</td>
<td>BSN</td>
<td>2018</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student H</td>
<td>BSN</td>
<td>2018</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student I</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student J</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student K</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Student L</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
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<td></td>
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<tr>
<td>Student M</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Student N</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student O</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student P</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Q</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td>Weekly</td>
<td>Private 1:1, ATI</td>
</tr>
<tr>
<td>Student R</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student S</td>
<td>BSN</td>
<td>2019</td>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Total Number Test Takers in 2019: 19

2019 ADN
- 6 test takers
- 4 Passed/2 Failed
- ASN Pass Rate 66.67%

2019 BSN
- 13 Test Takers
- 12 Passed/1 Failed
- BSN Pass Rate 92.31%

2019 Overall
- 19 Test Takers
- 16 Passed/3 Failed
- Overall Pass Rate 84.21%

Analysis of the improvement plans that were submitted to the BON in 2015, 2016, 2017 and 2018
A contributing factor to the improvement in NCLEX Pass rates over time has been a commitment to continuous improvement.

Strengths of previous plans
- No longer enroll conditionally admitted students in the nursing program.
- Full integration of ATI resources to assist with early identification of areas of content deficiency based on individual student outcomes.
- In 2018, it was also identified that there was a need to increase rigor and alignment among concepts introduced and reinforced in the classroom, laboratory, and clinical.
  - We have adhered to the rigor and consistency that was implemented in 2018 and, as a result, our first two graduating cohorts (December 2018 and April 2019) in the BSN program have passed the NCLEX with a pass rate of 92.31% (12/13).
  - The action items presented in the 2018 action plan correlated with the BSN program; however, there were no BSN students who tested in 2018 to show the positive effects these extensive changes have had on NCLEX pass rates.

Areas for improvement of previous plans
- Need for comprehensive training with faculty at the Madison campus to implement the ATI resources effectively and efficiently.
  - As a result of this deficiency, since 2018 the ATI educators have been working closely with the nursing program chair to provide the necessary training of the ATI resources to the nursing team.
    - We continue to foster faculty development with educational resources and training.
- The previous plans did not account for a sufficient amount of support needed for ADN graduates who require remediation and 1:1 coaching to assist with preparation to sit for the NCLEX and be competent and safe nurses.
As of 2018, we have significantly increased the 1:1 coaching and mentoring needed to support the ADN graduates. As more ADN graduates sit for the NCLEX, we can re-evaluate quarterly the amount of support that is required for these graduates to be successful.

Institutional Improvement Plan for Improvement of Examination Results

In addition to the activities that have been included in previous improvement plans, for the 2019 action plan, we are conducting the following activities:

- Monitoring and facilitation of student engagement;
- Comparative Analysis between course exams and assigned (nationally normed) ATI Assessments;
- Administration of assessment with increased rigor and alignment with the NCLEX Blueprint;
- Award of points for performance on assessments rather than other activities; and
- Remediation including tutoring, open lab hours, and study groups for those students who fall below the required 76%.

These actions are specific to the BSN students. We also continue to support the ADN graduates who have previously tested for the NCLEX and failed. Regarding the outstanding ADN graduates, we continue in the 2019 action plan to provide support which includes comprehensive coaching, remediation, and NCLEX workshops. The successful outcomes of the 4 ADN graduates who tested and passed in 2019 after failing in 2018 serve as evidence that the additional support provided is resulting in improved NCLEX pass rates.

A total of 15 BSN students graduated in April. These students plan to sit for the NCLEX in 2019. Although pass rates for the entire cohort are not yet available we believe the implementation of the 2019 NCLEX Improvement Plan will result in pass rates above the 80% standard for 2019. The test results on the nationally normed ATI assessment achieved by the BSN graduates indicate that the program better prepares students for the NCLEX. The April 2019 cohort completed two ATI assessments as part of their program of study: ATI Fundamental Assessment and ATI Medical/Surgical Assessment. These students scored above the national mean for both of these assessments. The cohort means for the December 2018 (1218) have additionally been provided; these students scored above the national mean for both these ATI Assessments as well. To date, the pass rates for these two BSN cohorts is 92.31% (12/13). These positive results demonstrate the significant changes that have been made to the nursing program.

<table>
<thead>
<tr>
<th>ATI Assessments for NCLEX Prep</th>
<th>National Mean</th>
<th>Herzing BSN 1218 Chort Mean</th>
<th>Herzing BSN 0419 Cohort Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATI Fundamental Assessment</td>
<td>64.50%</td>
<td>69.20%</td>
<td>66.83%</td>
</tr>
<tr>
<td>ATI Medical/Surgical Assessment</td>
<td>68.90%</td>
<td>72.20%</td>
<td>72.08%</td>
</tr>
</tbody>
</table>

ATI Assessments comparison of graduated BSN cohorts and national means
Current Status
In summary, the current status for the NCLEX pass rates for Herzing University – Madison consists of two BSN graduates from the December 2018 cohort who sat for the NCLEX in 2019 and passed on the first attempt. Of the 15 students who graduated in April 2019, eight graduates tested and passed on the first attempt with one student failing who plans to test again in 2019. Additionally, four out of six ADN graduates sat for the NCLEX in 2019 and passed. Currently the NCLEX pass rate for Herzing University-Madison is 82.35% (BSN grads 12/13 = 92.31%, ADN grads 4/6 = 66.67%, Overall 16/19 = 84.21%).

Herzing University-Madison continues to be committed to serving the needs of the community and the state and to producing safe and competent nurse generalists.

Thank you for your continued support.

Respectfully,

[Signature]

Annmarie Lyles, PhD, RN
Nursing Program Chair, Professor
Herzing University
Madison Campus
## Herzing University-Madison: Nursing School (BSN/ADN) Post Graduate Pass Rate and Remediation Plan

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DATE IMPLEMENTED</th>
<th>EVIDENCE</th>
<th>PROGRESS TO DATE</th>
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</thead>
<tbody>
<tr>
<td><strong>ORGANIZATIONAL CHANGES</strong></td>
<td></td>
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</tr>
<tr>
<td>Herzing University – Madison CCNE candidacy</td>
<td>June 2019</td>
<td>ARC review of the nursing program completed winter 2019</td>
<td>Awaiting notification of Board’s decision for accreditation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CCNE Board of Commissioners review completed spring 2019</td>
<td></td>
</tr>
<tr>
<td>Herzing University-Madison in CCNE candidacy.</td>
<td>September 2018</td>
<td>Nursing Program Chair, Campus President/Academic Dean, Faculty, and System Deans hosted CCNE initial visit in September 2018.</td>
<td>CCNE initial visit scheduled for September 2018 – <strong>Completed</strong>.</td>
</tr>
<tr>
<td>Program Chair, NCLEX Lead, and Campus President/Academic Dean are individually calling and reaching out to previous ADN graduates weekly as needed.</td>
<td>January 2018</td>
<td>Relationships exist among the graduates and the Nursing Program.</td>
<td>Graduates are notifying the NCLEX team and faculty of NCLEX-RN pass results. Graduates also share feedback with Campus President that can be used with other graduates.</td>
</tr>
<tr>
<td>Assembled an executive team to monitor students’ success and need for remediation. This includes current BSN students, BSN graduates, and previous ADN graduates.</td>
<td>January 2018</td>
<td>Weekly scheduled meeting with NCLEX Success Plan Committee (Program Chair, NCLEX Lead Faculty, Campus President/Academic Dean, Executive Vice President, and Provost) to monitor and discuss any outstanding students including strategies for contacting and remediating first-time test takers and repeat test takers. Activities documented weekly in spreadsheet.</td>
<td>Weekly meetings are ongoing with Pass Rate and Remediation Plan updated as needed.</td>
</tr>
<tr>
<td>ACTIONS</td>
<td>DATE IMPLEMENTED</td>
<td>EVIDENCE</td>
<td>PROGRESS TO DATE</td>
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</tr>
<tr>
<td>Students expressed that they would prefer other products than ATI for NCLEX Prep.</td>
<td>January 2018</td>
<td>Allowed other NCLEX Preparation product options to students upon graduation.</td>
<td>Campus expanded the NCLEX-RN Success Plan Agreement to include Kaplan, HESI and Hurst readiness benchmarks to meet the requirements to get reimbursed.</td>
</tr>
<tr>
<td>Identified need for representation of SNA president and active BSN students on the nursing program Advisory Board for more comprehensive feedback for program development</td>
<td>January 2018</td>
<td>SNA president and active BSN students will be invited to June 2018 Advisory Board meeting and any future Advisory Board Meetings to provide input into the nursing program.</td>
<td>Advisory Board meeting occurred June 2018. Students and Advisory Board members attended. Next Advisory Board meeting to be October 2019.</td>
</tr>
<tr>
<td>Hired Nursing Program Chair</td>
<td>January 2018</td>
<td>Program Chair holds a PhD in nursing with experience leading faculty and developing and teaching curriculum in an accredited program for BSN, MSN, and doctoral students.</td>
<td>Program Chair continues to work closely with Campus President/Academic Dean and campus Chairs to support current and past students’ progress to be successful registered nurses.</td>
</tr>
</tbody>
</table>

### STUDENT FOCUS

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DATE IMPLEMENTED</th>
<th>EVIDENCE</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and facilitation of student engagement</td>
<td>January 2019</td>
<td>Monitoring of academic advising, mid-course connections, and student attendance in the classroom with remediation implemented when needed.</td>
<td>Students are meeting with faculty to monitor progress and remediate when needed.</td>
</tr>
<tr>
<td>Remediation including tutoring, open lab hours, and study groups for those students who fall below the required 76%.</td>
<td>January 2019</td>
<td>Remediation documented using Beacon to identify tutoring, open hours, and study groups.</td>
<td>Students are attending tutoring, open hours, and study group sessions.</td>
</tr>
<tr>
<td>Integrate an ATI instructional program to support successful NCLEX</td>
<td>April 2018</td>
<td>December 2018 grads (2 total) – first cohort to be provided the following</td>
<td>Program Chair has been identified as course instructor for NU 449 NCLEX prep. Ongoing data monitoring.</td>
</tr>
<tr>
<td>ACTIONS</td>
<td>DATE IMPLEMENTED</td>
<td>EVIDENCE</td>
<td>PROGRESS TO DATE</td>
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</table>
| preparation to address deficiencies and promote readiness prior to testing. Develop an Individualized student success plan using ATI data. |                 | action items. April 2019 grads (15 total) completed  
- In their final semester of the BSN program, students complete an ATI program course (NU 449).  
- ATI assessments identify areas for remediation and opportunities for improved test taking strategies.  
- Each student assigned an ATI Coach.  
Assessment outcomes using ATI-generated reports within nursing courses analyzed weekly by NCLEX Success Plan Committee. All activities documented on a spreadsheet. | Ongoing data monitoring by NCLEX Lead Faculty  
Both the 1218 and 0419 cohorts have scored above the national mean for the ATI Fundamental Assessment and ATI Medical/Surgical Assessment. |
| Identify ADN graduates who have not sat for the NCLEX and/or who have failed the NCLEX. Maintain relationship with BSN graduates as they prepare to sit for NCLEX. | January 2018     | Currently the number of outstanding test takers that exist are the following:  
- 20 ADN grads from 2014 to 2017 remain to sit for the NCLEX  
  - 6 grads indicated they are pursuing other careers and no plans to test  
  - 14 grads working with NCLEX team to prepare for NCLEX  
Workload for NCLEX Faculty Lead includes 10-15 hours per week. | For all outstanding ADN graduates NCLEX team provides 1:1 coaching, 1:1 remediation in-person or virtually, NCLEX reviews, and support with NCLEX programs such as ATI and Kaplan while they prepare for the NCLEX.  
For BSN graduates, campus offers the NCLEX-RN Success Plan Agreement to include Kaplan, HESI and Hurst readiness benchmarks to meet the requirements to get reimbursed. The 0419 cohort have all agreed to participate in this plan. |
<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DATE IMPLEMENTED</th>
<th>EVIDENCE</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Chair posts tutoring services within the nursing program on the nursing program website.</td>
<td>January 2018</td>
<td>Each full-time faculty has posted 2 hours each week in addition to office hours to provide tutoring in the faculty’s area of expertise to cover nursing, math, science, and English courses. We have also included 2-hour NCLEX workshops each week to break down NCLEX-style questions.</td>
<td>Students have utilized tutoring services and attended NCLEX workshops to augment learning and have expressed satisfaction with these services.</td>
</tr>
<tr>
<td>Student governance and input into the BSN program provided by SNA and President’s Council</td>
<td>May 2017</td>
<td>SNA and President’s Council have student representatives who provide feedback, input, and how to provide support in the BSN program.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Laboratory/simulation coordinator holds weekly open lab hours</td>
<td>May 2017</td>
<td>Students are provided open lab hours to practice skills, review simulation scenarios, and remediation with faculty.</td>
<td>Students have expressed satisfaction with open lab hours and being able to practice skills if needed.</td>
</tr>
<tr>
<td>Hold Weekly Student Success Meetings (WSSM).</td>
<td>January 2017</td>
<td>Student Services Specialist submits weekly follow-ups to Program Chair to monitor current BSN student attendance and progress in the program.</td>
<td>Students who require additional resources and support are referred to their academic advisor, university academic coaches, faculty and peer tutors for remediation.</td>
</tr>
<tr>
<td>Student Services Specialist reaches out weekly to at risk (&lt;76%) students to provide support and resources to promote success.</td>
<td>January 2017</td>
<td>Students receive resources, support, and follow-up from the Student Services Specialist, faculty, and academic advisors as documented in the University’s Beacon system (an early-alert and e-advising retention tool).</td>
<td>Updates on what is working well and other strategies that are needed for students are reported off during the Weekly Student Success Meeting (WSSM).</td>
</tr>
</tbody>
</table>

**FACULTY FOCUS**
<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DATE IMPLEMENTED</th>
<th>EVIDENCE</th>
<th>PROGRESS TO DATE</th>
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</thead>
<tbody>
<tr>
<td>Director of Faculty Effectiveness conducts interactive classroom</td>
<td>January 2019</td>
<td>The nursing program chair and faculty train with the Director of Faculty Effectiveness to incorporate more interactive strategies in the classroom to enhance student engagement.</td>
<td>Faculty have adopted several interactive strategies in the classroom such as breaking down NCLEX-style questions, concept maps, case scenarios, etc.</td>
</tr>
<tr>
<td>strategies training each semester with faculty.</td>
<td></td>
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</tr>
<tr>
<td>Program Chair schedules instruction of courses based on education and</td>
<td>January 2018</td>
<td>Faculty credentials and experience are used to assign faculty members to appropriate nursing courses.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>experience.</td>
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<tr>
<td>Formalize onboarding process and mentorship for new/novice nursing</td>
<td>January 2018</td>
<td>New and novice faculty will know curricular structure and develop skills in instructional strategies and outcomes measurement through HU Faculty Handbook and Nursing Faculty Handbook. New faculty also are assigned mentors and complete the new faculty orientation online course.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>faculty.</td>
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<tr>
<td>Maintain Professional Development Plan for each faculty member.</td>
<td>January 2018</td>
<td>Professional Development Plans developed in collaboration between System Nursing Dean, Program Chair, and faculty member following classroom observations.</td>
<td>Ongoing review and update of Professional Development Plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional Development Plans discussed and updated during faculty 1:1 with Department Chair. Plans will include specific, measurable goals with timelines.</td>
<td>Faculty ATI training scheduled for May 2018. - completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Faculty Professional Development Plans reviewed and updated at 1:1s.</td>
</tr>
<tr>
<td>Program Chair will observe classroom instruction of each faculty and</td>
<td>January 2018</td>
<td>Ongoing, reviewed each year. Interrater reliability evaluated for classroom observations during current spring semester.</td>
<td>Current full-time faculty observed in 2018. Planned observations for 2019. New faculty observed within 30 days of hire.</td>
</tr>
<tr>
<td>provide written feedback using rubric and observation form.</td>
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<tr>
<td>ACTIONS</td>
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</tr>
<tr>
<td>NurseTim available for faculty as resource for professional development and course development.</td>
<td>June 2017</td>
<td>NurseTim webinars will be incorporated into the Professional Development Plan to reinforce areas of improvement. Certificates of completion or CEUs as evidence of participation in or completion of NurseTim activities.</td>
<td>All current faculty have access to NurseTim and NLN.</td>
</tr>
<tr>
<td>Identify NCLEX Faculty Lead</td>
<td>December 2017</td>
<td>NCLEX Faculty Lead includes a workload of 10-15 contact hours per week.</td>
<td>NCLEX Faculty Lead currently commits to 10-15 contact hours per week to support outstanding graduates in the previous ADN program and current BSN program.</td>
</tr>
<tr>
<td>Improve stability of nursing faculty and program leadership. Faculty retention rates will be at 80% or higher.</td>
<td>Ongoing</td>
<td>Faculty Retention: 2015: 33.7% (2/6) 2016: 57.1% (4/7) 2017: 66.7% (4/6) 2018: 84% (5/6)</td>
<td>Recruitment for nursing faculty full-time position posted with HR. One full-time position currently open. Nursing team to have 7 full-time faculty.</td>
</tr>
</tbody>
</table>

### INSTRUCTIONAL/PROGRAM FOCUS

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DATE IMPLEMENTED</th>
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</thead>
<tbody>
<tr>
<td>Comparative Analysis between course exams and assigned (nationally normed) ATI Assessments</td>
<td>January 2019</td>
<td>Comparative Analyses are completed weekly to identify areas of strengths and areas of improvement in the classroom.</td>
<td>Students are scoring above the national mean on ATI Assessments. For students who are not scoring above the national mean, remediation is completed with faculty and ATI.</td>
</tr>
<tr>
<td>Administration of assessment with increased rigor and alignment with the NCLEX Blueprint.</td>
<td>January 2019</td>
<td>Assessments have been reviewed and revised to increase rigor and align with the NCLEX Blueprint.</td>
<td>Assessments include more NCLEX-style questions to prepare students to sit for the NCLEX. Points are awarded for success on assessments</td>
</tr>
<tr>
<td>ACTIONS</td>
<td>DATE IMPLEMENTED</td>
<td>EVIDENCE</td>
<td>PROGRESS TO DATE</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improve exam quality through directed training and professional</td>
<td>May 2017</td>
<td>Campuses in system curriculum administering standardized exams in all nursing courses. Shift in points awarded in key courses toward performance on assessments.</td>
<td>Exam analyses completed across campuses in system curriculum to maintain rigor and</td>
</tr>
<tr>
<td>development activities and standardized testing in system curriculum</td>
<td></td>
<td></td>
<td>consistency in the nursing program.</td>
</tr>
<tr>
<td>Integrate NCLEX style questions in classroom activities and exams for all courses</td>
<td></td>
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</tbody>
</table>

**NCLEX Success Plan Committee Planning Members:**
Bob Haimes, Executive Vice President
Dr. Kitty Kautzer, Provost
Jennifer Lange, NCLEX Lead Faculty
Dr. Annmarie Lyles, Nursing Program Chair
William Vinson, Campus President/Academic Dean
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Lauren Tobiason, Board Counsel

2) Date When Request Submitted: 5/20/19
   Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections: Board of Nursing

4) Meeting Date: June 13, 2019

5) Attachments: Yes

6) How should the item be titled on the agenda page? Delegation of Authority for License Approvals

7) Place Item in: Open Session

8) Is an appearance before the Board being scheduled? Yes

9) Name of Case Advisor(s), if required:

10) Describe the issue and action that should be addressed:

   The Board should review and consider expanding the following delegated authorities:

   BON's current delegated authority is as follows:

   License Approvals for:
   - Up to two (2) OWIs prior to entering Nursing School.
   - A single (1) OWI during or after Nursing School.
   - Underage Drinking
   - Ordinance/Municipal violations prior to entering Nursing School.
   - Retail Theft prior to entering Nursing School
   - The granting of a limited license for a Nurse Refresher Course (as long as all other requirements are met) unless there are convictions, prior discipline, or impairment issues. Staff can then move forward with the granting of full licensure after verification of successful completion has been received.

   DSPS is seeking the following delegated authority pursuant to Wis. Stat. §§ 441.06, 111.321, 111.322, and 111.335:

   Approve license applications for all municipal/ ordinance violations which are not substantially related to the practice of nursing, and refer those applications with any municipal/ordinance violations that are substantially related to the practice of nursing or are violations of the applicable Nursing statutes and codes to the board credentialing liaison for review.

11) Authorization

   Lauren Tobiason 05/20/19

   Signature of person making this request 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.
### AGENDA REQUEST FORM

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<tbody>
<tr>
<td>Deb Sybell on behalf of Chair Peter Kallio</td>
<td>5/14/2019</td>
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**Items will be considered late if submitted after 4:30 p.m. and less than:**
- 10 work days before the 6/13/2019 meeting for Medical Board
- 14 work days before the meeting for all others

<table>
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<tr>
<td>6/13/19</td>
<td>X Yes</td>
<td>Disciplinary Rubrics - Discussion</td>
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<td>x Open Session</td>
<td>□ Yes (Fill out Board Appearance Request)</td>
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**Signature of person making this request**

**Supervisor (if required)**

**Executive Director signature (indicates approval to add post agenda deadline item to agenda)**

**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.
Boards of nursing (BONs), under the state’s police power to protect the public, ensure safe patient care by establishing and implementing licensing requirements. When safety is breached through a violation of the state’s practice act, regulators protect the public by stopping or limiting the practice of unsafe practitioners (Russell, 2012).

A landmark report, *To Err is Human*, by the Institute of Medicine (IOM, 1999), revealed that as many as 98,000 people die in hospitals from preventable medical errors each year. Despite more than 15 years since the IOM report brought patient safety to the forefront, recent evidence suggests that medical errors remain a major public concern (de Vries, Ramrattan, Smorenborg, Gouma, Boermeester, 2008; James, 2013). An important thesis of the IOM report is that the majority of medical errors were not the fault of people but resulted from faulty systems, processes, and conditions. Therefore, boards of nursing are becoming increasingly cognizant of the fact that the environment practitioners are working in is just as important to patient safety as the practice error.

Safety Culture Literature Review
Many in the health care profession have proposed that a cultural change is needed to achieve major improvements in patient safety. The risk to human life in clinical practice requires analysis and prevention. Analyzing errors using the “person approach” focuses on the cause aberrant act: forgetfulness, inattention, poor motivation, carelessness, negligence, or recklessness. The “system approach” analyzes the cause, rather than the consequence. Reason recommended that a *just culture*, one that draws a line between blameless and blameworthy actions, is an essential early step to creating a safe culture. As the science of safety develops, the emphasis is on interventions that minimize the incidence and impact of adverse events through a systems approach (Emanuel et al., 2008). Consequently, patient safety must be concerned with the entire system.

David Marx (2001) proposed that discipline in response to honest mistakes does little to improve overall system safety. He defined a *just culture* paradigm that reflects a balance between justice and fairness on the one hand and the need to learn from a mistake and to take disciplinary action when appropriate on the other hand (Mayer & Cronin, 2008). A primary concept of a just culture is the systems approach to error accountability—accountability by the system and the individual regardless of whether harm resulted (Gorzeman, 2008; Griffith, 2009). Analysis of both the system and the individual actions can reveal the root of the problem, resulting in fewer errors (Gorzeman, 2008).

Individual accountability is measured by behavioral choices—human error, at-risk behavior, and reckless behavior (Marx, 2001). Human error includes unintentional and unpredictable behaviors; at-risk behavior involves unsafe habits, possibly negligence and carelessness; and reckless behavior is a conscious disregard with an understanding of the risk (Gorzeman, 2008; Griffith, 2009; Mayer & Cronin, 2008; Miller, Griffith, & Vogelsmeier, 2010).

Development of the RDP
The Regulatory Decision Pathway (RDP) was developed as a result of an expressed desire from BONs to have a tool for the evaluation of cases of nursing practice errors or unprofessional conduct that would promote disciplinary consistency and incorporate a systems approach.

After a systematic review of the patient-safety literature, the RDP framework was developed, which incorporates the
TABLE 1

Regulatory Decision Pathway Definitions

<table>
<thead>
<tr>
<th>Mitigating factors:</th>
<th>Extenuating, explanatory, or justifying facts, situations, or circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonably prudent nurse:</td>
<td>A nurse who uses good judgment in providing care according to accepted standards</td>
</tr>
<tr>
<td>Remediation:</td>
<td>Education or training to correct a knowledge or skill deficit</td>
</tr>
<tr>
<td>Substantial risk:</td>
<td>A significant possibility that an adverse outcome may occur</td>
</tr>
<tr>
<td>System:</td>
<td>An organization’s operational methods, processes, or infrastructure/environment</td>
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</tbody>
</table>

systems approach and patient-safety principles and shifts the regulatory focus from outcomes and errors to system design and behavioral choices. Using four types of behavioral choices—human error, at-risk behavior, reckless behavior, and deliberate behavior—the RDP attempts to draw the disciplinary line. Definitions for terms in the RDP are presented in Table 1.

Although discipline can be effective under the right circumstances, the RDP concentrates on remediation, counseling, and supervision of the nurse to prevent future errors and protect the public.

Another major focus of the RDP is collaboration with the health care facility when a system error is revealed. These communications bring attention to the system’s influence in or responsibility for the error. Collaboration between the nurse and the health care facility is encouraged when an action plan is essential to prevent future errors. Communication creates and strengthens collaboration between health care facilities and BONs, providing a consistent model of evaluation and BON action.

After the initial development of the RDP, thirteen BONs reviewed the tool, using more than 180 disciplinary cases (National Council of State Boards of Nursing, 2014). The tool was evaluated for clarity, usefulness, missing issues, and ability to impact decision-making consensus. The RDP was identified as clear, useful for disciplinary discussions, effective in leading to consensus in decisions, and in alignment with BON conclusions regarding disciplinary outcome. (See Figure 1.)

Disciplinary Decisions and Follow-Up
Following the RDP through the behavioral choices of the nurse and an evaluation of mitigating and aggravating factors leads to conclusions regarding the type of behavior the nurse exhibited: human error, at-risk behavior, reckless behavior, or deliberate behavior. The RDP concludes with suggestions for BON action. The suggestions primarily reflect the error education approach; however, discipline is suggested if the nurse has exhibited conscious disregard of risk or there were aggravating factors that lead to a conclusion of reckless behavior.

When a deliberate action by the nurse or a system issue is revealed, the BON communicates its findings to the health care facility via correspondence. Further communication between the nurse and the facility or employer also helps convey any practice restrictions, remediation, supervision, mentoring, counseling, or coaching necessary for the nurse to practice safely.

Case Studies
The following two case studies involve a nurse’s failure to perform routine nursing procedures when administering a blood component: 1) bedside verification of the patient and blood component (bedside verification), and 2) verification of the transfusion record attached to the unit with the label on the unit by two individuals (transfusion record verification). However, each case study has a slightly different set of facts.

Case Study 1
Avery, a registered nurse (RN), was working in a busy emergency department (ED) when a trauma patient was admitted.
**FIGURE 1**

**Regulatory Decision Pathway**

The Regulatory Decision Pathway (RDP) is designed for board of nursing (BON) discipline decisions in cases of practice errors or unprofessional conduct. With the use of the RDP, the BON's discussion is focused on whether system failure and/or behavioral choices by the nurse contributed to the error. Through the use of the RDP, the BON will determine the type of behavior exhibited and whether disciplinary action or other action would assist in protecting the public.

**Bad Intent**

- Disciplinary action
- Possible law enforcement referral

BON should notify the facility/employer regarding the deliberate actions of the nurse.

**Reckless**

- Disciplinary action
- Required supervision/mentoring
- Focused remediation

Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.

**At Risk**

- Supervision/mentoring
- Focused remediation
- Possible reprimand

Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.

**Human Error**

- Consider focused remediation
- Consider counseling/coaching

Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.
Many staff members were attending to the patient during the first 20 minutes. Avery was administering I.V. fluids and medications and documenting their administration. Vital signs and other assessment findings indicated that the patient was losing blood and deteriorating quickly. Units of packed cells were ordered as soon as the patient was admitted. With the patient already intubated, two physicians were in the process of inserting a chest tube. The trauma room was crowded. Someone handed the first unit of packed cells to Avery and said, “Here’s the blood for your patient.” Avery administered the packed cells.

Later, it was determined that the unit of packed cells was not intended for Avery’s patient. Avery assumed the nurse who handed her the unit of packed cells had performed the bedside verification and transfusion record verification. Therefore, Avery administered the unit of packed cells without performing the bedside verification and transfusion verification or ensuring that they had been performed. Avery reported the error to the charge nurse and documented the error in the patient’s record.

Avery had been working at the hospital since graduation 2 years ago; for the past 6 months, she had been working in the ED. Avery had not reported an error of any kind during her employment, and her nursing license was unencumbered. Avery was responsive during the BON disciplinary review process and appreciated the risk of her actions.

The RDP review found the following:
- Avery did not intend to harm the patient.
- The system in the ED may have contributed to the error.
- Avery did play a role in the error.
- Avery did not conceal the error or falsify the record.
- Avery did not consciously take a substantial risk.
- Avery does not have a history of similar or serious errors.
- A reasonably prudent nurse could have taken the same action as Avery in similar circumstances.

The RDP conclusion: Avery committed a human error. The experience of the disciplinary process may stay with her for a period of time and may influence her future behavioral choices. The BON could suggest counseling and coaching from her employer. The hospital should be informed of the findings regarding the investigation of the system error via correspondence.

Case Study 2
Sam, an RN, was working the night shift on a surgical floor, caring for a patient who had undergone abdominal surgery for a rare cancer. Two units of packed cells were ordered for the patient. When the first unit was available, the patient-care unit was quiet. One nurse had accompanied a patient to radiology. Other nurses were caring for their patients, and the charge nurse was off the unit on break. No staff members were at the nursing station or visible in the hallway. In the past, Sam had checked many units of blood using two-person transfusion record verification. But on this night he could not locate another staff member, and he wanted to start the unit so he could go on break when the charge nurse returned. Sam performed a one-person verification of the transfusion record and the bedside verification. He then began the transfusion. Sam signed the transfusion record and left the cosigner signature area blank.

Sam, a nurse of 15 years, had been working at the hospital for 1 year. He had been reported for several minor medication errors and once for not following proper procedures regarding documentation. His nursing license was unencumbered.

The RDP review found the following:
- Sam did not intend to harm the patient.
- There were no known system influences that may have contributed to the error.
- Sam did play a role in the error.
- Sam did not conceal the error or falsify the record.
- Sam disregarded and consciously took a substantial risk.
- There were no mitigating factors. The patient was stable. However, there were several aggravating factors. Sam wanted to get to his break; he did not complete the medical record as required; and he had a history of medication and documentation errors.

The RDP conclusion: Sam committed reckless behavior by violating the policy for verification of blood products and should receive discipline from the BON. At a minimum, discipline should include focused remediation and required supervision and mentoring. Additionally, he should collaborate with his employer regarding the required supervision and mentoring.

Disciplinary Decisions
Even if the patient outcome in these two cases were identical, the RDP recommends treating Avery and Sam differently. The BON’s decisions should be tailored to each nurse and the actual violation. Frequently, harm to the patient is what gets organizational leaders’ attention that an error has occurred, but with the RDP, harm is not the determining factor as to whether or not disciplinary action takes place. A near miss at one point in time could result in a catastrophic outcome at a future point in time.

These case studies demonstrate that error events fall on a continuum from a human error or mistake to a deviation or drift from the standard of care to deliberate violation of policy, as previously proposed in the literature (Etchells, Lester, Morgan, & Johnson, 2005; Ring & Moody Fairchild, 2013). System design and mitigating factors contribute to the BON’s evaluation of organizational versus individual nurse accountability for an error. BONs and employers know that disciplining nurses for a human error does little to improve overall public safety, but holding a nurse responsible for mak-
ing reckless choices is clearly necessary (Burhans, Chastain, & George, 2012).

**Model of Safety**

Safety is a shared value achieved by creating an environment that includes consistent communication and values learning, nonpunitive error reporting, and fairness (Ring & Moody Fairchild, 2013). BONs who create a values supportive model with a balance in accountability between individuals and systems contribute to learning and a safety culture (Ring & Moody Fairchild, 2013). BONs fully aware of their charge to protect the public through evaluation and investigation of errors contribute to the culture of safety.

Following a consistent model of evaluation of violations of the nurse practice act that considers the system and the nurse’s behavioral choices leads BONs to adapt their response to the cause of the violation. Seeking to uncover the rationale that led to the violation causes the BON to provide an individualized plan for remediation, counseling, coaching, or disciplinary action.

**References**


Kathleen A. Russell, JD, MN, RN, and Beth K. Radtke, MS, are Associates, Nursing Regulation, National Council of State Boards of Nursing.
The Regulatory Decision Pathway (RDP) is designed for board of nursing (BON) discipline decisions in cases of practice errors or unprofessional conduct. With the use of the RDP, the BON’s discussion is focused on whether system failure and/or behavioral choices by the nurse contributed to the error. Through the use of the RDP the BON will determine the type of behavior exhibited and whether disciplinary action or other action would assist in protecting the public.

The RDP 1.4 ©2013
The RDP (originally named Regulatory Action Pathway) was piloted by 13 BONs in 2012. Revisions were made based on BON comments and are included in this version, RDP 1.4.

**DIRECTIONS**

Start with the question at the top, progressing to other questions based on affirmative or negative answers.

**DEFINITIONS**

**Mitigating Factor**
Extenuating, explanatory or justifying fact, situation or circumstance

**Reasonably Prudent Nurse**
A nurse who uses good judgment in providing care according to accepted standards

**Remediation**
Education or training to correct a knowledge or skill deficit

**Substantial Risk**
A significant possibility that an adverse outcome may occur

**System**
An organization’s operational methods, processes or infrastructure/environment
**State of Wisconsin**  
**Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

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<td>Lauren Tobiason, Board Counsel</td>
<td>5/20/19</td>
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<th>6) How should the item be titled on the agenda page?</th>
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<tr>
<td>June 13, 2019</td>
<td>☑ Yes</td>
<td>NCSBN Items-Review of Board Approval for Nurse Practice Act (NPA) Education Materials</td>
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<td>☑ Yes</td>
<td></td>
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<tr>
<td>☐ Closed Session</td>
<td>☑ No</td>
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<tr>
<td>Board Counsel will update the Board on legal review of the proposed course materials.</td>
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Signature of person making this request  
Date

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National Council of State Boards of Nursing (NCSBN) provides progressive continuing education opportunities for nursing faculty, nursing students, and nurses. All courses are self-paced and allow you to decide when and where to study. Start anytime, directly online at learningext.com.

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4. Quality Improvement  
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4.0 Contact Hours | $40

Course for Preceptors  
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Faculty CE Courses

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15.6 Contact Hours | $90

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Continuing Education Courses for Nurses

Acclimation of International Nurses into U.S. Nursing Practice  
6.6 Contact Hours | $30

Disciplinary Actions: What Every Nurse Should Know  
4.8 Contact Hours | $30

Diversity: Building Cultural Competence  
6.0 Contact Hours | $30

Documentation: A Critical Aspect of Client Care  
5.4 Contact Hours | $30

End-of-Life Care & Pain Management  
3.0 Contact Hours | $30

Ethics of Nursing Practice  
4.8 Contact Hours | $30

Journal of Nursing Regulation CE Articles  
1.0-2.0 Contact Hours | $15

Medication Errors: Causes & Prevention  
4.0 Contact Hours | $30

Nurse Practice Acts CE Courses  
Participants: AR, IA, ID, MA, MN, MO, NC, ND, NM, NV, OH‡, OR, RI, VA, WV-PN/RN  
1.0-2.0 Contact Hours | $15

Patient Privacy  
5.4 Contact Hours | $30

Professional Accountability & Legal Liability for Nurses  
4.6 Contact Hours | $30

Professional Boundaries in Nursing  
3.0 Contact Hours | $30

Righting a Wrong: Ethics & Professionalism in Nursing  
3.0 Contact Hours | $30

Sharpening Critical Thinking Skills  
3.6 Contact Hours | $30

Understanding Substance Use Disorder in Nursing  
4.0 Contact Hours | FREE

Nurse Manager Guidelines for Substance Use Disorder  
3.0 Contact Hours | FREE
Wisconsin Nurse Practice Act (NPA) Course

Learning Objectives:

1. List the steps for obtaining school of nursing approval
2. Describe how nurse licensure is obtained in Wisconsin
3. Define the scope of practice for nurses in Wisconsin
4. Explain the purposes of discipline and potential disciplinary actions

Introduction: HISTORY of NURSING REGULATION

1. History of Nursing Licensure & Regulation

The first efforts toward the regulation of nursing began in England. Although the issue of nursing regulation was raised in the late 19th century, enactment of laws to govern nursing in England was delayed in part due to Florence Nightingale's opposition to regulation. In 1901, New Zealand became the first country to enact a nurse licensing law.

North Carolina was the first state to enact a registration law in 1903. New Jersey, New York and Virginia also passed registration laws in that same year. In the 1950s, nursing regulation laws began to address both Registered Nurses and Licensed Practical/Vocational Nurses. By the 1970s, licensure for RNs and LPN/VNs became mandatory in all United States jurisdictions.

(Include History of Nursing Licensure Timeline as displayed in several NPA courses.)

2. Early History of Nursing Education & Regulation in Wisconsin

The Milwaukee County Hospital Training School, the first school of nursing in Wisconsin, was established in 1888; several other schools then opened, but none were regulated. The first Wisconsin nursing organization, the Wisconsin Association of Graduate Nurses, was established in 1910.

Chapter 346 was the first Wisconsin law to regulate nursing and was signed into law by Governor McGovern in 1912, making it the first Nurse Practice Act in Wisconsin. The Act provided guidance for registration of nurses, content to be taught in schools, and duties for the Examiners of Registered Nurses, the forerunners of today's Board of Nursing.

Beginning in 1913 nurses were allowed to use R.N. after their names for the first time. In 1915 the Nurse Practice Act was repealed, and the practice of nursing was placed under the State Board of Medical Examiners. It was later reenacted with revisions. By 1921 Wisconsin nurses were placed under the jurisdiction of the State Board of Health. A Bureau of Nursing of Education and a director position were created, raising the level of nursing education in the state.

Link to Knowledge:

Follow the link to read Chapter 346, published June 17, 1911.

3. History of Nursing Licensure & Regulation in Wisconsin
In 1943 amendments to the Nurse Practice Act provided for licensing of practical nurses. Amendments to the Nurse Practice Act provided for a State Department of Nurses in 1949. In 1955 legislation was added to define professional nursing and mandate licensing of nurses. Finally, in 1967, legislation moved the Department of Nursing under the Department of Regulation and Licensing. It also allowed for separate licensing of Nurse Midwives.

In 1994 Act 138 authorized prescriptive authority for advanced practice nurse prescribers (APNPs). In 2000 APNP rules were revised to grant authority for APNP’s to order diagnostic testing including laboratory tests, radiologic exams, and electrocardiograms.

The current Wisconsin Board of Nursing was created in Wis. Stat. §15.405(7g) and has authority as outlined in Wisconsin Statutes Chapter 441. In 1999 the Wisconsin legislature adopted the Nurse Licensure Compact, allowing nurses to practice in other compact states without the need for an additional license.

4. The Legislative Process

Laws governing individual health care providers are enacted through state legislative action. Legislatures enact laws which grant specific authority to regulatory agencies. For regulations specific to nursing, a state legislature enacts a nurse practice act and delegates authority to state boards of nursing to enforce the nursing practice act. State legislatures delegate many enforcement activities to state administrative agencies. The delegation of regulatory authority allows the legislature to utilize the expertise of the agencies to implement state statutes.

A statute is a formal written enactment of legislative authority that governs a state, city, or county; it may also be referred to as legislation. Typically, statutes direct or forbid something, or declare policy. Regulations are the promulgation, monitoring and enforcement of rules. Rules are written to direct practice based on the statute and may only address what is authorized by statute. One way to understand the difference between a statute and rules is that a statute tells us what must be done while rules tell us how, when, where, and under what circumstances it will be done.

Lesson 1: WISCONSIN BOARD OF NURSING

5. Purpose

The purpose of the Wisconsin Board of Nursing is to protect the public through licensure, education, legislation and discipline. The Nurse Practice Act (NPA), as stated in Chapter 440 (Department of Safety and Professional Services) and 441 (Board of Nursing) of Wisconsin Statutes, grants the Board of Nursing the authority to regulate education as well as the licensure and practice of registered nurses (RNs), licensed practical nurses (LPNs), and advanced practice nurse prescribers (APNPs).
Link to Knowledge:

To learn more about the accountabilities of the Board of Nursing, see Chapter 440 (Department of Safety and Professional Services) and Chapter 441 (Board of Nursing) of Wisconsin Statutes.

6. Membership

The Wisconsin Board of Nursing is part of the Department of Safety and Professional Services (DSPS). The makeup of the Board is outlined in Chapter 15 (Structure of the Executive Branch) of Wisconsin Statutes. Members include five currently licensed registered nurses, one currently licensed practical nurse, one member who is either a licensed registered nurse or a licensed practical nurse, and two public members.

Board members are appointed by the governor for staggered four-year terms and confirmed by the Senate. If reappointed and reconfirmed, a member may serve a second four-year term. Board members whose terms have expired may continue to serve until their successor is confirmed by the Senate.

Link to Knowledge:

The legislation that outlines the membership for boards and councils can be found in Chapter 15 (Structure of the Executive Branch) of Wisconsin Statutes.

7. Meetings and Information

The Board of Nursing meets on a regular basis. Meeting schedules, agendas, and minutes from past meetings are available on the Board of Nursing website. The public is welcome and encouraged to attend the open session of each meeting. In addition to full board meetings, subcommittee meetings are held as needed, and are also open to the public.

Newsletters, annual reports, legislative updates, a list of current board members, and other helpful links can be found on the website.

Link to Knowledge:

See the Board of Nursing Website for more information.

8. Nursing Education

The rule for approval of schools of nursing clarifies requirements and develops a timeline for the approval process, which includes three steps:

- Authorization to plan a school of nursing
- Authorization to admit students
- Approval of the school of nursing, which can be requested upon graduation of the first class and may include a site visit

For schools choosing to utilize simulation, simulation used to meet clinical requirements must adhere to all of the following requirements:
• Nursing faculty with documented education and training in the use of simulation must develop, implement, and evaluate the simulation experience.
• Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
• The simulation provides an opportunity for each student to participate while in the role of the nurse.
• Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

Link to Knowledge:
You will find more details regarding the board’s responsibility for nursing education in Chapter N1, Approval for Schools of Nursing.

Lesson 2: LICENSURE & PRACTICE OF NURSING

9. Nurse Licensure Compact

Effective December 11, 2017 Wisconsin joined the Enhanced Nurse Licensure Compact (eNLC). The Enhanced Nurse Licensure Compact (eNLC) is an updated version of the Nurse Licensure Compact. The implementation date for the eNLC was January 19, 2018.

Nurses in Wisconsin may apply for a multistate license or may choose to apply for a single state Wisconsin license. Applicants for a multistate license need to meet uniform licensure requirements. Nurses holding an active NLC multistate license on July 20, 2017 were granted grandfather status.

The Commission of Nurse Licensure Compact Administrators (Interstate Commission) administers the compact. When the Interstate Commission creates rules, notice of proposed rulemaking is published in the Wisconsin Administrative Register. This allows for comments to be submitted and a public hearing to be held on proposed rules.

Link to Knowledge:
See the National Council of State Boards of Nursing (NCSBN) website for more information about licensure compacts.

10. Initial RN Licensure by Examination

A registered nurse applicant is eligible for a multistate license if he or she:

• Graduated from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
• If applicable, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
• Successfully passed an NCLEX or recognized predecessor examination.
• Is eligible for or holds an active, unencumbered license.
• Has not been convicted, found guilty, or entered into an agreed disposition, of a felony or misdemeanor offense related to the practice of nursing.
• Is not currently enrolled in an alternative program.
• Holds a valid United States social security number.

When applying for a multistate license the applicant must submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining the applicant’s criminal history information from the Federal Bureau of Investigation and the Wisconsin Department of Justice. If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, the applicant must provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

A registered nurse applicant is eligible for single state licensure if he or she:

• Graduates from a high school or its equivalent.
• Does not have an arrest or conviction record, with some exceptions as stated in Wisconsin statutes.
• Graduates from a board–approved or comparable school of professional nursing, or provides evidence of educational qualifications comparable to those required in Wisconsin at the time of graduation.
• Passes the NCLEX.

Link to Knowledge:

To learn more about the laws specific to consideration of arrest or conviction records, see statutes 111.321, 111.322, and 111.335.

11. Initial LPN Licensure by Examination

A licensed practical nurse applicant is eligible for multistate licensure if he or she:

• Graduated from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
• If applicable, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
• Successfully passed an NCLEX or recognized predecessor examination.
• Is eligible for or holds an active, unencumbered license.
• Has not been convicted, found guilty, or entered into an agreed disposition, of a felony or misdemeanor offense related to the practice of nursing.
• Is not currently enrolled in an alternative program.
• Holds a valid United States social security number.

When applying for a multistate license the applicant must submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining the applicant’s criminal history information from the Federal Bureau of Investigation and the Wisconsin Department of Justice. If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, the applicant must provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

A licensed practical nurse applicant is eligible for single state licensure if he or she:

• Completes two years of high school or its equivalent.
• Is 18 years or older.
• Does not have an arrest or conviction record, with some exceptions as stated in Wisconsin statutes.
• Graduates from a board-approved or comparable school of professional nursing or provides evidence of educational qualifications comparable to those required in Wisconsin at the time of graduation.
• Passes the NCLEX.

Link to Knowledge:

To learn more about the laws specific to consideration of arrest or conviction records, see statutes 111.321, 111.322, and 111.335.

12. Licensure by Endorsement

An applicant for a multistate license by endorsement must complete and submit an application on forms provided by the department and pay the fee. The applicant must provide:

• Evidence of holding an active, unencumbered license.
• Declaration or evidence that Wisconsin is the primary state of residence.
• Evidence of graduation from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
• If applicable, proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.
• Evidence of successfully passing an NCLEX exam or recognized predecessor.
• If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.
• Fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Wisconsin Department of Justice.

An applicant from a nurse licensure compact state who applies for a single state license is considered to have met educational and other qualifications comparable to those required in this state. The applicant must file a completed application, declaring Wisconsin as the primary state of residence, and pay the applicable fee.

An applicant for a single state license by endorsement from a state that has not adopted the nurse licensure compact, a United States territory or Canada is considered to have met educational and other qualifications comparable to those required in Wisconsin if the requirements of the initial license meet specific criteria. The applicant must submit a completed application and pay the applicable fee.

Link to Knowledge:

See the Board of Nursing website for more details regarding licensure.

13. Licensure Renewal
The RN or LPN credential may be renewed every two years. If within the five-year time frame, renewal requirements include:

- Payment of the renewal fee and any applicable late renewal fee.
- Payment of a nursing workforce survey fee.
- Completion of the nursing workforce survey to the satisfaction of the board.

To renew the RN or LPN credential after five years, in addition to meeting the requirements above, the renewal applicant must do one of the following:

- Provide documentation of employment requiring a nursing license within the last five years.
- Complete a board-approved nursing refresher course or education equivalent to a nursing refresher course.
  - A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.
  - The licensee may request the board to grant a limited license for the sole purpose of completing a nurse refresher course.

14. Certified Nurse Midwife (CNM) Licensure

A separate license is issued by the board for the practice of nurse-midwifery. An applicant for licensure as a nurse-midwife must:

- Complete an educational program in nurse-midwifery accredited by the American College of Nurse-Midwives.
- Hold a certificate issued by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.
- Be currently licensed to practice as a professional nurse in Wisconsin or be currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

Renewal of a license to practice nurse-midwifery is separate from the renewal of the nurse’s license as a professional nurse. The applicant for renewal is required to inform the board whether the certificate issued to him or her by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council has been revoked or suspended.

15. Scope of Practice

It is important for all nurses to understand their scope practice as outlined in the Nurse Practice Act (NPA) and Wisconsin Board of Nursing Administrative Rules. Each nurse is accountable for the quality of care he or she provides and is expected to practice at the level of education, knowledge and skill ordinarily expected of one who has completed an approved nursing program. Furthermore, all nurses are expected to recognize the limits of their knowledge and experience and to appropriately address situations that are beyond their competency.

Each APNP, RN and LPN should be aware that there are additional laws and rules which may apply to their practice, depending on the practice setting. Nurses are responsible to be knowledgeable regarding all laws and rules which relate to their nursing practice.

Link to Knowledge:
16. Definitions Related to Scope of Practice

Terms used in the Nurse Practice Act (NPA) have meaning specific within this context and therefore have been defined in the Act. Knowing how these words are defined is critical to developing a sound understanding of the scope of practice for each nursing role.

**Instructions: Select a tab to view the information.**

**Basic Patient Situation:** As determined by an RN, physician, podiatrist, dentist or optometrist means the following three conditions prevail at the same time in a given situation:

- The patient’s clinical condition is predictable;
- Medical or nursing orders are not changing frequently and do not contain complex modifications; and
- The patient’s clinical condition requires only basic nursing care.

**Complex Patient Situation:** as determined by an RN, physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- The patient’s clinical condition is not predictable;
- Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- The patient’s clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

**Delegated Act:** Acts delegated to a registered nurse or licensed practical nurse.

**Direct Supervision:** Immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

**General Supervision:** Regularly coordinates, directs and inspects the practice of another.

**Protocol:** A precise and detailed written plan for a regimen of therapy.

17. RN Standards of Practice

**Instructions: Select a tab to view the information.**

**General Nursing Procedures:** An RN utilizes the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. This standard is met through the following steps of the nursing process:

**Assessment:** The systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

**Planning:** Development of a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

**Intervention:** The nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to LPN’s or less skilled assistants.
Evaluation: The determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

Performance of Delegated Acts: In the performance of delegated acts an RN:

- Accepts only those delegated acts for which there are protocols or written or verbal orders.
- Accepts only those delegated acts for which the RN is competent to perform based on his or her nursing education, training or experience.
- Consults with a provider in cases where the RN knows or should know a delegated act may harm a patient.
- Performs delegated acts under the general supervision or the direction of a provider.

Supervision and Direction of Delegated Acts: In the supervision and direction of delegated acts an RN:

- Delegates tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- Provides direction and assistance to those supervised.
- Observes and monitors the activities of those supervised.
- Evaluates the effectiveness of acts performed under supervision.

Link to Knowledge:

Additional information regarding standards of practice can be found in [Chapter N6, Standards of Practice for Registered Nurses and Licensed Practical Nurses](#).

18. LPN Standards of Practice

*Instructions: Select a tab to view the information.*

Performance of Acts in Basic Patient Situations:

The LPN, under the general supervision of an RN or the direction of a provider:

- Accepts only patient care assignments which the LPN is competent to perform.
- Provides basic nursing care.
- Records nursing care given and reports changes in patient condition to the appropriate person.
- Consults with a provider in cases where an LPN knows or should know a delegated act may harm a patient.
- Performs the following other acts when applicable:
  - Assists with the collection of data.
  - Assists with the development and revision of a nursing care plan.
  - Reinforces the teaching provided by an RN provider and provides basic health care instruction.
  - Participate with other health team members in meeting basic patient needs.

Performance of Acts in Complex Patient Situations:

The LPN:
• Meets standards under the general supervision of an RN, physician, podiatrist, dentist or optometrist.
• Performs delegated acts beyond basic nursing care under the direct supervision of an RN or provider. If requested by the board, provides documentation of his or her nursing education, training or experience enabling him or her to competently perform these assignments.

Assumption of Charge Nurse Position in Nursing Homes:

When acting in this capacity, the LPN:

• Follows written protocols and procedures developed and approved by an RN.
• Manages and directs the nursing care and other activities of LPN and nursing support personnel under the general supervision of an RN.
• Accepts the charge nurse position only if prepared for the responsibilities of charge nurse based on education, training and experience beyond the practical nurse curriculum. If requested by the board, provides documentation of the nursing education, training or experience enabling him or her to competently assume the position of charge nurse.

19. Certified Nurse-Midwife (CNM) Scope of Practice and Limitations

Scope of Practice

• The scope of practice for a certified nurse-midwife is the overall management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training, and experience of the nurse-midwife.
• The nurse-midwife is required to collaborate with a physician who has postgraduate training in obstetrics as outlined in a written agreement with that physician.
  o The nurse-midwife consults with the physician regarding any complications discovered by the nurse-midwife, or refers the patient, also as stated in the written agreement.
  o Upon referral, the nurse-midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse-midwife.

Limitations to the Scope of Practice

• The nurse-midwife does not independently manage complications that require referral as stated in the written agreement.
• The nurse-midwife may not perform deliveries by forceps or Caesarean section. The nurse-midwife may use vacuum extractors only in emergency delivery situations.
• The nurse-midwife may not assume responsibilities, either by physician delegation or otherwise, which he or she is not competent to perform by education, training or experience.
• A nurse-midwife who discovers evidence that any aspect of care involves a complication which jeopardizes the health or life of a newborn or mother must consult with the collaborating physician or designee, or make a referral as specified in the written agreement. Following notification of the physician the nurse-midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

20. Advanced Practice Nurse Prescriber Certification

In order to be certified as an advanced practice nurse prescriber (APNP), the applicant must:
• Provide evidence of a current license to practice as a professional nurse in Wisconsin or in another state which has adopted the nurse licensure compact.
• Provide evidence of current certification as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist or clinical nurse specialist by a national certifying body approved by the board.
• Provide evidence of a master’s or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting organization approved by the Council for Higher Education Accreditation. This does not apply to those who received national certification as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist or clinical nurse specialist before July 1, 1998.
• Provide evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within the five years preceding the application.
• Provide evidence of passing a jurisprudence exam for advanced practice nurse prescribers.

Once certification is obtained, the APNP is required to complete 16 hours of continuing education in clinical pharmacology or therapeutics relevant to the advanced practice nurse prescriber’s area of practice every two years, including at least two contact hours in responsible prescribing of controlled substances.

Advanced practice nurse prescribers work in a collaborative relationship with a physician or dentist. APNPs who prescribe independently are required to maintain in effect malpractice insurance.

Link to Knowledge:

For additional information, see Chapter N8, Certification of Advanced Practice Nurse Prescribers.

Lesson 3: DISCIPLINE

21. Rules of Conduct

Common reasons for denying a nursing license or taking disciplinary action against a license or certificate include, but are not limited to:

Instructions: Select a tab to view the information.

• Noncompliance with federal, jurisdictional, or reporting requirements, including:
  o Failure to cooperate with a board investigation in a timely manner.
  o Practicing beyond the scope of practice.
  o Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction.
  o Failing to report a violation of these rules to the board or institutional supervisory personnel.
• Violating or aiding and abetting a violation of any law substantially related to the practice of nursing or being convicted of any crime substantially related to the practice of nursing.
• Confidentiality, patient privacy, consent, or disclosure violations.
• Misconduct or abuse, including:
  o Abuse of a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain, injury, mental anguish, or fear.
• Violation of professional boundaries.
  • Fraud, deception or misrepresentation, including:
    o Falsification of patient documentation.
    o Engagement in abusive or fraudulent billing practices.
    o Submission of false claims.
• Unsafe practice or substandard care, including:
  o Failing to perform nursing with reasonable skill and safety.
  o Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.
  o Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.
  o Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.
  o Inability to practice safely due to alcohol or other substance use, psychological or physical illness or impairment.
  o Executing an order which the licensee knew or should have known could harm a patient.
• Improper supervision or allowing unlicensed practice.
• Improper prescribing, dispensing, or administrating medication or drug related offenses.

Link to Knowledge:
Details regarding grounds for denying or taking disciplinary action can be found in Chapter N7, Rules of Conduct.

22. Process for Review of Complaints

All complaints submitted to the Board of Nursing are reviewed and may be opened for investigation based on specific criteria, forwarded to a screening panel for further review, referred to another department, or closed based on criteria established by the board.

When a case is opened, the investigator and attorney conduct an initial investigation and request a response from the licensee. A member of the board is designated as the case advisor. The board may close the case with no action, take non-disciplinary action, or propose a discipline order.

Non-disciplinary action may include the following two examples:

• An administrative warning is used for minor violations and first occurrences if the board feels a warning will adequately protect the public. It is public record when a nurse receives an administrative warning, but details of the complaint are not available to the public.
• A remedial education order is used for violations that can be corrected with education while sufficiently protecting the public.

23. Discipline Process

If the board determines that a disciplinary order is appropriate, the licensee may accept or reject the order. If the order is rejected, the case may go to the Administrative Law Judge, who will decide if a hearing will be held.

According to State v. Aldrich, 71 Wis. 2d 206, 237 N.W.2d 689 (1976), the three purposes of discipline are "(1) to promote the rehabilitation of the licensee; (2) to protect the public from other instances of
misconduct; and (3) to deter other licensees from engaging in similar conduct.” When the board considers discipline, it is always in the context of these three purposes.

**Disciplinary options** available to the board include:

- **Reprimand** is a public warning of the licensee for a violation.
- **License Limitation** imposes conditions and requirements upon the licensee, restricts the scope of practice, or both.
- **Suspension** withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.
- **Revocation** terminates the credential and all rights, privileges and authority previously conferred by the credential.

**24. Professional Assistance Procedure (PAP)**

The Professional Assistance Procedure (PAP) is a voluntary non-disciplinary program to provide support for credentialed professionals with substance abuse disorder who are committed to their own recovery. The goal is to protect the public by promoting early identification of chemically dependent professionals and encouraging rehabilitation. It provides an opportunity for qualified participants to continue practicing, without public discipline, while being monitored and supported in their recovery.

**Link to Knowledge:**

Follow the link to learn more about the [Professional Assistance Procedure](#) and to complete an application for admission to the program.
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:
   Kimberly Wood, Program Assistant Supervisor-Adv.

2) Date When Request Submitted:
   6/3/2019

   Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.

3) Name of Board, Committee, Council, Sections:
   Board of Nursing

4) Meeting Date:
   6/13/2019

5) Attachments:
   ☒ Yes
   ☐ No

6) How should the item be titled on the agenda page?
   Consideration of Attendance at the 2019 NCSBN Annual Meeting August 21-23, 2019 in Chicago, IL

7) Place Item in:
   ☒ Open Session
   ☐ Closed Session

8) Is an appearance before the Board being scheduled?
   ☐ Yes
   ☒ No

9) Name of Case Advisor(s), if required:
   N/A

10) Describe the issue and action that should be addressed:
    The board should consider designation of a member to serve as delegate at the 2019 NCSBN Annual Meeting. The Board should also consider whether to authorize additional members to attend this conference.

    Proposed Motion Language (Delegate):
    To designate Board Member Name, as the Board’s delegate, to attend the 2019 NCSBN Annual Meeting August 21-23, 2019 in Chicago, IL and to authorize travel.

    Proposed Motion Language (Other Travelers)
    To designate Board Member Name to attend the 2019 NCSBN Annual Meeting August 21-23, 2019 in Chicago, IL and to authorize travel.

11) Authorization

   Kimberly Wood

   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.
2019 NCSBN ANNUAL MEETING · CHICAGO · AUGUST 21–23, 2019

**Agenda**

**Tuesday, Aug. 20**

8:00 am – 5:30 pm  
**Registration Opens**  
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

9:00 am – 5:00 pm  
**Nurse Licensure Compact (NLC) Commission Annual Meeting**  
Open to the public.

11:00 am – 5:00 pm  
**Wellness Room**  
Relax, Unwind and Recharge in the NCSBN Wellness Room.

4:00 – 5:00 pm  
**Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)**  
Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the LSC the day before adoption of the slate of candidates by the Delegate Assembly. Please contact memberrelations@ncsbn.org to schedule a time.

**Wednesday, Aug. 21**

6:45 – 7:30 am  
**Walking Tour**  
Hotel Lobby  
The maximum participant count is 20 people. The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 9:00 am  
**Continental Breakfast**

7:30 – 9:30 am  
**Organization Exchange**  
Stop by the Organization Exchange to learn about products and services pertinent to the work of the NCSBN members.

7:30 am – 4:30 pm  
**Registration**  
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

*Schedule and locations are subject to change. Updated 5.10.19*
Wednesday, Aug. 21 (continued)

7:30 am – 5:00 pm
Wellness Room

7:45 – 8:00 am
Resolutions Committee Meeting
Open to Resolutions Committee members only.

8:00 – 9:00 am
Delegate Orientation
Open to all attendees.

9:30 – 10:30 am
Delegate Assembly: Opening Ceremony
Welcome
Opening Ceremony
• Introductions
• Announcements
Opening Reports
• Credentials
• Adoption of Standing Rules
Adoption of Agenda
Report of the Leadership Succession Committee
• Presentation of the 2019 Slate of Candidates
• Nominations from Floor
• Approval of the 2019 Slate of Candidates

10:30 – 11:00 am
Organization Exchange Break

11:00 – 11:20 am
President’s Address
Julia George, MSN, RN, FRE
President, NCSBN Board of Directors
CEO, North Carolina Board of Nursing

11:20 – 11:45 am
CEO’s Address
David C. Benton, RGN, PhD, FFN, FRCN, FAAN
CEO, NCSBN

11:45 am – 1:00 pm
Lunch

1:00 – 2:00 pm
Keynote: Formulating Strategy & Aligning Influence
Elizabeth Iro, RN
Chief Nursing Officer at the World Health Organization (WHO)

2:00 – 2:30 pm
Organization Exchange Break

2:30 – 3:45 pm
Candidate Forum
Kaci Bohn, PhD
Chair, NCSBN Leadership Succession Committee
Board Member, Arkansas State Board of Nursing
Support NCSBN and your fellow NCSBN members. Come to the Candidate Forum to hear from the nominees for NCSBN elected office.

3:45 – 5:00 pm
Committee Forums

Committee Forums

Finance Committee
Gloria Damgaard, MS, RN, FRE
Treasurer, NCSBN Board of Directors
Executive Director, South Dakota Board of Nursing

Strategic Plan Forum
Julia George

NCLEX PN Test Plan Forum
Betsy Houchen, JD, MS, RN
Chair, NCLEX Examination Committee
Executive Director, Ohio Board of Nursing

APRN Consensus Resolution Report
Maryann Alexander, PhD, RN, FAAN
Chief Officer, Nursing Regulation, NCSBN

APRN Compact Forum
Katherine Thomas, MN, RN, FAAN
Chair, APRN Compact Task Force
Executive Director, Texas Board of Nursing

3:00 – 5:30 pm
Parliamentarian Office Hours
Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions
Must be submitted by 3:30 pm on Thursday, Aug. 22.

Thursday, Aug. 22

6:45 – 7:30 am
Zumba
The maximum participant count is 20 people.
The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 8:30 am
Organization Exchange Breakfast

7:30 am – 3:30 pm
Registration
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:30 am – 5:00
Wellness Room

8:30 – 9:00 am
Elections

9:00 – 9:30 am
International Center for Regulatory Scholarship (ICRS)
Maryann Alexander
Objectives:
1. Understand the ICRS program and its benefits to regulators.
2. Develop a plan on how the courses will be of assistance to individual as well as staff learning needs.

9:30 – 9:45 am
Delegate Assembly: Election Results

9:45 – 10:15 am
Occupational Licensure Panel: Past, Present, Future
Objectives:
1. Understand and synthesize the many facets of occupational licensure.
2. Apply principles to the regulation of nursing and develop sound responses to the need for licensure in nursing.

10:15 – 11:15 am
Executive Officer Service Awards
Julia George to present.
Thursday, Aug. 22 (continued)

11:30 am – 12:00 pm
What’s on Your Mind About the Future of Nursing Regulation?
Join the NCSBN Board of Directors and NCSBN Leadership for an interactive session about your concerns and insights on nursing regulation.

12:00 – 3:30 pm
Knowledge Network Lunches
NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues.
Choose from the following options:
- NCSBN Executive Officers
  Open to NCSBN Executive Officers only
- NCSBN Presidents
  Open to NCSBN Presidents only
- Regulatory Network
  Open to all attendees

2:00 – 3:30 pm
Parliamentarian Office Hours
Take this opportunity to ask the Parliamentarian questions and/or submit resolutions.
Resolutions must be submitted by 3:30 pm.

3:30 – 4:30 pm
Resolutions Committee Meeting
Open to Resolutions Committee members only.

6:00 – 6:30 pm
Awards Reception
Evening Cocktail Attire

6:30 – 10:30 pm
Awards Ceremony and Dinner
Evening Cocktail Attire

Friday, Aug. 23

8:00 – 9:00 am
Pearson VUE Sponsored Breakfast

9:00 – 10:00 am
Keynote

10:00 – 10:30 am
Break

10:30 – 11:00 am
Delegate Assembly
New business and closing ceremonies.

11:00 am – 12:00 pm
Boxed Lunch

11:30 am – 1:30 pm
Post-DA Board of Directors Meeting
FY20 NCSBN Board of Directors Only

Registration Information

The 2019 NCSBN Annual Meeting is at the Swissotel Chicago.

Registration Fees
$450 per person for nonmembers.
$350 per person for NCSBN Member Boards (NCSBN members are staff or board members of U.S. nursing regulatory bodies, exam user members and associate members).

The deadline for registration is Monday, Aug. 5, 2019 or until the meeting is at capacity, whichever comes first. Registration must be submitted online prior to the meeting. We do not take onsite registrations. The capacity for the conference is 375 attendees and is on a first-come, first-served basis. Online registration will stop once capacity is reached; a wait list will then be started.

The registration fee includes continental breakfasts, beverage breaks, lunches, welcome reception, awards dinner and meeting materials.
Registration may be paid by credit card or check. If paying for multiple registrations by check, submit the confirmation print out for each attendee.
Payment is due Monday, Aug. 5, 2019. Make your check payable to NCSBN and write “2019 Annual Meeting” on it. Send registration confirmation print out with payment to:

NCSBN
Attn: Mary Trucksa
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601
Phone: 312.525.3600
Fax: 312.279.1032

If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration, please contact 312.525.3639 or email.

Cancellations
Registration cancellations must be received by Aug. 5, 2019. No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or by email to cancel.
Attendees are responsible for cancelling all flight and hotel arrangements.

Meeting Cancellation Policy
In the event of a cancellation of the program by NCSBN, you will receive a refund of your registration fee. NCSBN is not responsible for any other costs, expenses or damages incurred by a program registrant as a result of any cancellation of the program, including without limitation any nonrefundable airfare or lodging deposits.

*Schedule and locations are subject to change. Updated 5.10.19
Accommodations
Swissotel Chicago
323 E. Wacker Drive
Chicago, IL 60601
312.565.0565
Check in time: 3:00 pm
Check out time: 12:00 pm
To reserve your hotel room:
1. Call 888.737.9477 referring to NCSBN room block in order to receive the NCSBN guest room rate; or
2. Book online.
The cut-off for the room block is July 22, 2019, or until the block is full, whichever comes first.
Room Rate: $219 USD Single/Double
Rate is subject to a 17.4% state and local tax (subject to change).
Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night’s stay.

Transportation
Airports
O’Hare International Airport (ORD):
Plan on approximately 40–70 minutes in travel time from the airport to the hotel depending on arrival time.
Midway International Airport (MDW):
Plan on approximately 30–60 minutes in travel time from the airport to the hotel depending on arrival time.

Public Transportation
The Chicago Transit Authority (CTA) is a fast and convenient way to travel to and from the airport, avoiding traffic. A one-trip fare is $5.00 from the airport terminal and $2.25 to the airport. The Chicago Area Regional Transportation Authority provides information for Metra and other regional train and bus transportation.

Shuttle
Go Airport Express shuttle service is available at O’Hare and Midway airports. Use the link to receive the discount rates. From O’Hare, one-way fare is $16.50. From Midway, one-way fare is $14.00. You may also call 888.284.3826 and mention the code NCSBN to the reservations agent to receive the discounted rates.

Taxi
Taxicabs are available on a first come, first served basis from the lower level curb front of all terminals. Shared ride service is available. There are no flat rates because all taxicabs run on meters. Expect to spend approximately $40 to $50 USD for a taxicab ride from ORD to downtown Chicago; and $30 to $35 USD for a taxicab ride from MDW to downtown Chicago. For wheelchair accessible vehicles, please call United Dispatch at 800.281.4466.

Rideshare
Uber and Lyft pick up and drop off at ORD and MDW.

Video / Photography Policy
NCSBN plans to take photographs and/or capture video at the 2019 NCSBN Annual Meeting and reproduce it for use in NCSBN educational, news, marketing or promotional material, whether in print, electronic or other media, including but not limited to the NCSBN website. By attending and/or participating in the 2019 NCSBN Annual Meeting you grant NCSBN the right to use your image, audio and/or video for such purposes. All media taken at the event become the property of NCSBN and may be displayed, distributed or used by NCSBN for any of the above-described purposes.

Continuing Education
Provider Number: CEP15807, expiration date, July 2019.

Attire
Business attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.
NCSBN MEETING REGISTRATION PROCESS FOR WAIVER ATTENDEES

The NCSBN Board of Directors may approve funding for NCSBN members to attend certain meetings throughout the year. These members are considered waiver attendees. There is a specific process that waiver attendees must follow when registering for a meeting. The instructions to register as a waiver attendee are:

1. Executive Officer will submit the names for the travel waiver on the online form.

2. NCSBN Meetings Manager will reserve waiver attendees’ hotel rooms. Attendees should not contact the hotel to make their own reservations.

3. A Call to Meeting document will be emailed to the waiver attendee by the NCSBN Meetings Manager. The document contains the attendee’s hotel room confirmation number with check-in and check-out dates, travel agency information and online meeting registration instructions. If the hotel check-in and/or check-out dates need to be changed, approval from the NCSBN Meetings Manager is required.

4. After attendees receive the Call to Meeting document, they must do the following:
   a. Register online at www.ncsbn.org/events and select Waiver as their registration type.
   b. Call the travel agency and book their flight. Flights must be booked 30 days prior to the start of the meeting. The travel agency is given specific travel dates by the NCSBN Meetings Manager. To change these dates, approval from the NCSBN Meetings Manager is required.
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:
Kimberly Wood, Program Assistant Supervisor-Adv. On behalf of Executive Directors Christian Albouras or Debra Sybell

2) Date When Request Submitted:
5/15/2019

Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
All Boards and Councils

4) Meeting Date:

5) Attachments:
☐ Yes
☐ No

6) How should the item be titled on the agenda page?
Informational Item
1. 2019-2021 Licensure Fee and Credential Schedule

7) Place Item in:
☐ Open Session
☐ Closed Session

8) Is an appearance before the Board being scheduled?
☐ Yes
☐ No

9) Name of Case Advisor(s), if required:
N/A

10) Describe the issue and action that should be addressed:
Informational Only

11) Authorization

Kimberly Wood 5/15/2019
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.
May 2019

Dear State of Wisconsin Boards, Councils and Committee Member,

As you may already know, operation of the Department of Safety and Professional Services (DSPS) is self-funded by the fees associated with the occupation or business credentials it issues and regulates under chapters 440 to 480 of Wisconsin Statutes.

Wisconsin State Statute § 440.03(9)(a) requires DSPS to conduct a professional licensure fee study every two years to adjust fees for the succeeding fiscal biennium. The purpose of the fee study is to reflect the approximate administrative and enforcement costs of the department that are attributable to the regulation of the referenced credentials.

On February 20, 2019, the Joint Finance Committee approved the FY 2019-2021 professional licensure fee study conducted by the DSPS. I am pleased to provide you with the new fee schedule that will take effect on July 1, 2019.

The new fees are based on actual operating costs and revenues for DSPS for fiscal years 2017 and 2018 (July 1, 2016 to June 30, 2018). A detailed explanation how the fees were recalculated, including licensure/credential participation rates, complaints and investigations, and adjustments for inflation can be found in the Frequently Asked Questions document.

For all regulated professional and medical licenses and credentials (except the renewal fee for one profession noted in the enclosed fee schedule), initial application and renewal fees will be reduced or maintained at the current level, including the following:

- Maintaining initial and renewal fees for 43 licenses/credentials (approximately 25 percent)
- Reducing initial fees for 82 licenses/credentials (approx. 48 percent) with an average reduction of $26.78
- Reducing renewal fees for 121 licenses/credentials (approx. 71 percent) with an average reduction of $57.42
- Reducing both the initial and renewal fees for 80 licenses/credentials (approx. 47 percent)
- Providing a fee reduction to at least one of the fees (initial and/or renewal) for 127 licenses/credentials (approx. 75 percent)
- Establishing equal fees for both initial applications and renewals with a maximum fee of $75 for 163 licenses/credentials (approx. 96 percent) (exceptions per state statute for fees related to Appraisal Management Companies and Transportation Network Companies; exception per administrative code for fees related to Unarmed Combat Sports)
- Providing a reduced fee to an estimated 361,000 Wisconsin licensure/credential applicants over the next biennium, (approx. 96 percent of all applicants)

The new fee schedule will take effect beginning with initial license applications received in the Department and/or postmarked on or after July 1, 2019, and for license renewals that have an effective date of July 1, 2019 or later. It should be noted that if a license holder receives a notice of renewal prior to July 1, 2019, for a renew-by date of after July 1, 2019, the new fees will apply regardless of when the notice is received or when payment is made. If a license holder’s renewal-by date is before July 1, 2019, and the payment is made after July 1, 2019, the fee noted on the notice of renewal will still apply. If the license holder’s renew-by date is on or after July 1, 2019, the new fees will apply.
If you have any questions regarding the information provided, please do not hesitate to contact Yolanda McGowan, Division Administrator, Division of Policy Development.

Sincerely,

Dawn B. Crim
Secretary-designee, Department of Safety and Professional Services

Enclosure
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<th>License/Credential Name</th>
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