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Below is a brief overview of the bills passed in the 2017 legislative session which have an impact on nurses and/or the nursing profession. I suggest you pull up the full Act if it appears it could impact you directly. We will have multiple articles in upcoming issues of the ASBN Update on the Alternative to Discipline (ATD) program and the Enhanced Nurse Licensure Compact (eNLC). I anticipate the ATD program will be up and running by July 1, 2018. The eNLC will be enacted December 31, 2018, if not sooner. We will be sending letters to nurses and employers with details of the eNLC enactment as the time gets closer. Just stay tuned!

| Act 72  | Tramadol prescribing: changes the definition of Tramadol prescribed for chronic nonmalignant pain to an average dose equivalent of 200 mg/day or greater. |
| Act 139 | Expunged convictions: allows licensing boards of healthcare professions to review and utilize the expunged conviction to make licensure decisions. |
| Act 203 | Telemedicine: updated the provisions for telemedicine. |
| Act 204 | Renewal fee: provides for the license renewal fee to be waived for active military. |
| Act 204 | Renewal fee: provides for the license renewal fee to be waived for active military. |
| Act 325 | Alternative to Discipline: creates a non-disciplinary program to monitor nurses with substance use disorder. |
| Act 372 | Signature Authority for APRNs: allows an APRN to sign for disability parking permits, sports and bus driver physicals, forms related to DNR orders, absenteeism from work/school, worker's compensation, excusing a potential jury member, death certificates and durable medical equipment. |
| Act 454 | Enhanced Nurse Licensure Compact: revokes the current Nurse Licensure Compact and enacts a revised compact. |
| Act 492 | Disqualification of licensure: removed Endangering Welfare of a Minor, 2nd Degree (misdemeanor) from the list of permanent disqualification from licensure. May now request a waiver. |
| Act 664 | Sexual Extortion Act: a conviction of Sexual Extortion, ACA§ 5-14-113 is a disqualification for licensure. |
| Act 754 | Patient Right to Know Act: patients must be given information on their healthcare provider (physician or APRN) when the provider relocates to another practice site. |
| Act 820 | Prescription Monitoring Program (PMP): requires practitioners to check PMP when prescribing an opioid from Schedule II or III or a benzodiazepine for the first time. There are a few exceptions: before or during surgery, while in healthcare facility, emergency, hospice, long term care, and technical failure. Dept. of Health will run reports identifying high prescribers and shall notify licensing agencies of anyone on the report for 12 months. |
| Act 1078 | RN pronouncing death: allows a registered nurse employed by hospice to pronounce death and sign the death certificate for a hospice patient in the nursing home or hospital. |
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President’s Message

RAMONDA HOUSH,
MNSC, APRN, CNP, C-PNP

On the Horizon!

In March, several Arkansas State Board of Nursing (ASBN) Board members and staff attended the National Council of State Boards of Nursing (NCSBN) Midyear Meeting in Salt Lake City. This was my first time to visit Salt Lake City, and it is beautiful! The mountain views are breathtaking, and not being a fan of cold weather, I was fortunate to be there when temperatures reached record highs!

This meeting is always very informative, and I leave blown away with how much nursing continues to change since the early 1990’s, and I learn so much. One of the sessions updated us on current and pending legislation in the states represented at the conference and on the enhanced Nurse Licensure Compact (eNLC). There are currently 22 states that have enacted the eNLC and 13 more with 2017 pending legislation. Arkansas has enacted the eNLC, as well as our neighboring states of Oklahoma, Missouri, Tennessee, Kentucky, and Mississippi. Texas has legislation pending. The eNLC will come into effect when either the 26th state passes the eNLC legislation or December 31, 2018, whichever comes first. This will have a significant impact on working in other states with an Arkansas license or nurses holding other state licenses working in Arkansas. Keep a watch on the current status at www.nursecompact.com.

Over the next three days, we were saturated with new information. I want to highlight a couple of key sessions which I think will be of great interest to educational programs in the state. The NCSBN developed Simulation Guidelines for Model Rules following their recent study. The study indicated that prelicensure nursing education programs may use simulation as a substitute for traditional clinical experiences, not exceeding 50 percent of its clinical hours, with NCSBN Model Rules stating that in order to do so, the program must meet the following standards:

• Shall provide to the Board of Nursing that these standards have been met
• Must have an organizing framework that provides adequate fiscal, human and material resources to support the simulation activities
• Activities shall be managed by an individual who is academically and experientially qualified; demonstrating continued expertise and competence in simulation
• Shall have a budget that will sustain the simulation activities and training of the faculty
• Shall have appropriate facilities for conducting simulation
• Faculty involved in simulation in both didactic and clinical shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation
• Shall demonstrate that the simulation activities are linked to programmatic outcomes
• Shall have written policies and procedures on short-term and long-term plans for integration simulation into the curriculum, method of debriefing each simulated activity and plan for orientating faculty to simulation
• Shall develop criteria to evaluate the simulation activities and the simulation experience on an ongoing basis
• Shall include information about its use of simulation in its annual report to the Board of Nursing

ASBN plans to utilize the NCSBN Model Rules to develop guidelines for Arkansas programs in the near future.

Another very exciting topic discussed at the meeting was the NGN: Next Generation NCLEX®. In 2012, NCSBN began to look at the NCLEX exam and what it measured. Was it measuring the right thing? Does it adequately measure clinical judgement skills? After much intense research, it was determined that the current format of questions did lack the ability to adequately measure clinical judgment skills across the domains.

Since nurse client care and nurse errors can be improved by enhancing clinical judgment skills, it was important to assess to what degree the NCLEX candidate possessed clinical judgment. In order to determine this,
new question prototypes were developed and will be released in two separate waves. Wave 1 will have Extended Multiple Response, Cloze (embedded answer) questions, Extended Drag and Drop, Hot Spot, Dynamic Exhibits and Constructed Response questions as OPTIONAL questions at the end of the current NCLEX exam. This will allow NCSBN to study the new format questions in greater detail. The second wave, Wave 2, will come at a later date and will add Rich Media-Illustrated and Branching Item types. ASBN will be working with prelicensure educational programs in the near future to cover this in greater detail and prepare faculty and students for this style of question. Stay tuned for additional information!
The new **UAMS post-BSN to DNP pathway** offers nurses with a BSN degree an opportunity to achieve the highest level of nursing practice and prepares you for roles as a nurse practitioner.

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Special Notice about the Arkansas State Board of Nursing Magazine

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

President Ramonda Housh presided over hearings on April 12 and April 13 and the business meeting held on May 11. Highlights of Board actions are as follows:

- Granted Continued Full Approval to:
  - Phillips Community College of the University of Arkansas Associate Degree in Nursing Program until the year 2022
  - Arkansas State University Associate of Applied Science in Nursing Program until the year 2022
  - Arkansas State University Baccalaureate in Nursing Program until the year 2022

- Granted Full Approval to:
  - University of Arkansas at Pine Bluff Baccalaureate in Nursing Program until the year 2020

- Approved curriculum revisions effective immediately for Arkansas State University Newport Practical Nursing Program and University of Arkansas Pulaski Technical College Practical Nursing Program

- Approved Northwest Arkansas Community College to add a Licensed Practical Nurse to Associate Degree in Nursing online degree option to begin January 2018

- Granted approval to University of Arkansas Fort Smith/Western Arkansas Technical Center to allow high school students to be admitted into the practical nurse program for two years as a pilot project

Sail Away with Me for Nursing CE

Nurses traveled from around the United States to set sail aboard the Carnival Freedom on Saturday, April 22, for the 10th nursing continuing education cruise, “Sail Away with Me for Nursing CE.” The conference was sponsored by Publishing Concepts, Inc. and the continuing education (CE) was provided by the Arkansas State Board of Nursing. Participants from seven different states came together to earn nursing continuing education while sailing the beautiful Caribbean Sea and visiting the magnificent islands of Jamaica, Grand Cayman and Cozumel. Two conference days at sea included topics on Social Media, Telehealth, Substance Abuse Disorders, Fatigue in Nursing and the New Enhanced Nurse Licensure Compact (eNLC). Conference speakers were Tammy Claussen, MSN, RN CNE and Debbie Garrett, DNP, APRN, both from the Arkansas State Board of Nursing and Terri Imus, BSN, RN, LNC, from University of Arkansas for Medical Sciences.

Watch for future continuing education offerings in the ASBN Update and take the opportunity to learn in a fun and relaxing environment.

Tammy Claussen, MSN, RN, CNE
ASBN Program Coordinator
The Central Arkansas Veteran’s Health Services (CAVHS) has named Shelly Evans Advanced Practice Registered Nurse (APRN) of the Year. In the nomination for this esteemed award Dr. Sara Battar, the VA physician who nominated her, writes that Ms. Evans excels in demonstrating personalized, patient centered, proactive, compassionate and collaborative care. She is known for being a committed provider serving the veterans working with Geriatrics/Extended Care in the Community Living Center for the past 18 years as an APRN. She exhibits love, caring, compassion and sincere commitment. She works with frail elderly veterans, who have intellectual, behavioral and socio-economic challenges. She is very patient with them, accepting them for who they are unconditionally.

When working with veterans who are dying, Shelly actively engages in facilitating a good closure with a tender heart and meaningful gestures, encompassing holistic care that includes medical, emotional, social and spiritual matters. She is an active listener with a desire to ensure the goals of care for the veterans are centered on the veteran’s wishes and actively seeks to educate veterans and families of realistic goals and outcomes of care.

When new APRNs join the VA, Shelly conscientiously worked on designing and creating a “How to” manual to help them navigate through the VA system that was unfamiliar to them, yet critical to learn. She has spent her own money, time and talent to offer this valuable resource.

When she senses that a veteran is probably not receiving the best possible and excellent care that could be provided, she advocates with courage and a strong conscience. When she feels she might have missed a step, even when no one notices it or even if it does not directly or indirectly lead to adverse outcomes, Shelly promptly discloses what she feels she could have done and/or might have missed. This is a rare and much desired quality in a person.

Dr. Battar describes Shelly as having integrity, strength and a strong moral compass. She goes on to say that Shelly is dependable and eager to continuously learn and share. She is one of the clinical leads on VA’s daily screening committee. She often demonstrates “out of the box” thinking in terms of providing internal and external customer service. She is knowledgeable about technical aspects that affect business integrity for the organization such as CMS standards, eligibility criteria and best long and short term options to honor veteran’s and family’s preferences.

Shelly has a healthy sense of humor and diffuses conflicts with an open mind. She goes above and beyond her job description through her participation in VA’s mission critical initiatives. Shelly is approachable, pleasant, professional and eager to provide servant leadership from behind the scenes. She consistently goes above and beyond what is expected of her. For these and many more reasons, Shelly Evans, APRN was chosen by the VA as their 2017 APRN of the Year. Congratulations to Ms. Evans for her compassion in caring for our Arkansas veterans.
For years the public, via the Gallup Poll, has resoundingly ranked nursing as a profession highest in honesty and ethical standards. Without a doubt, honesty and ethical standards are vital characteristics for a nurse to exhibit in all aspects of nursing practice. The same is true when you submit an application for license renewal. Most of you will not struggle with honestly completing the license renewal application. After all, honesty is ALWAYS the best policy! However, it is important to read all questions carefully, and it never hurts to review a few helpful tips in areas the Arkansas State Board of Nursing (ASBN) finds inaccurately answered.

**PRIMARY STATE OF RESIDENCE (PSOR)**

On the license renewal application you will identify your Primary State of Residence. The Primary State of Residence (PSOR), or home state, is the state where you can prove that you legally reside. You can only have one PSOR. You will not be asked to submit documentation regarding your PSOR unless there is a need for the Board to validate what you reported. You would be asked to submit one or more of the following documents:

1. Driver’s license with a home address;
2. Voter registration card displaying a home address;
3. Federal income tax return declaring the primary state of residence;
4. Military Form No. 2058 — state of legal residence certificate;
5. W2 from U.S. Government or any bureau, division, or agency thereof, indicating the declared state of residence; or
6. Other documentation as identified by the ASBN.

**CONTINUING EDUCATION**

You will provide continuing education information on the license renewal application. If you are using the contact hour option, you will include information regarding the nursing practice-focused continuing education activity. You will list the date and title, name of approved provider and number of contact hours for each activity. When you list the information on the license renewal application you are affirming that what you have documented is accurate and that the minimum requirement for continuing education has been met during the respective licensure period. In other words, the information on the license renewal application you submitted to the ASBN is factual.

Your continuing education certificates are not submitted to ASBN unless you receive notification by mail that you have been randomly selected for an audit. You should be alert to the possibility that random audit selection is possible.

**LICENSE RENEWAL APPLICATION QUESTIONS**

The Board asks four “yes” or “no” questions on the license renewal application that are directed at identifying events that may have occurred since your last renewal. If you respond “yes” to any of the questions, you must submit a written explanation to the ASBN. Depending on the question, you will need to have the court send ASBN certified court documentation reflecting the disposition(s). Additional information may be requested.

The first question asks, “Since your last renewal have you been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction?” (With the exception of DWI, traffic violations do not constitute a crime).

I often hear statements such as, “the offense was dismissed,” “it was a deferred judgement,” “it was dropped,” “it was nolle prossed,” “I had a suspended imposition of sentence,” “I didn’t have to pay a fine,” or a number of other statements. Even if an offense has been sealed, expunged, or pardoned, the Nurse
Practice Act, as amended in 1999, requires that you disclose this information to the ASBN. You should mark “yes” on the license renewal application and submit certified court documentation for review.

You do not have to wait to report an offense that you have had since your last renewal; you can self-report this information at any point prior to renewal. You can report as soon as possible so the ASBN can begin review of your information. When it is time to submit your license renewal application and you have already self-reported, you would mark “yes” and submit a letter explaining that you have already self-reported and provided the required court documentation.

Also, remember that the question asks about “any state or jurisdiction.” So, if you go on a weekend getaway, vacation or just were “driving through” another state and you have an offense that resulted in a conviction, guilty plea or nolo contendere plea, it must be reported to the ASBN.

The second question asks, “Are you under investigation in any state or jurisdiction or has your license been disciplined by any state since your last renewal?” (e.g. reprimand, probation, suspension, revocation, civil penalty and/or voluntary surrender? If yes, what states?)

This question in essence is a two-part question; if you are under investigation OR has your license been disciplined. An affirmative to either part would mean that you should answer “yes” to the question. The investigation aspect encompasses if you are under a criminal investigation, Board investigation or any other type of investigation. Also, remember that the question also asks about “any state or jurisdiction.” So, you need to report not only investigation and/or discipline in Arkansas, but any other state(s) as well.

The third question asks, “Since your last renewal has any disciplinary action been taken against you, or has your authority to practice been restricted by any federal or state agency, including but not limited to Medicare or Medicaid?”

This question seeks to determine if your license or privilege to practice has been “limited” by any federal or state agency. The example listed is Medicare or Medicaid. In certain instances a Board is required to report a disciplined nurse to the Office of the Inspector General (OIG) of the United States Department of Health & Human Services (HHS). Subsequently, the nurse may be listed on the List of Excluded Individuals/Entities. The OIG’s List of Excluded Individuals/Entities provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs (Office of the Inspector General of the United States Department of Health & Human Services [https://oig.hhs.gov]). If you are listed on the LEIE, Federal health care programs (including, but not limited to, Medicare or Medicaid) will not pay for services that you order, provide or prescribe. If the OIG intends to place you on the exclusion list, you would have received a Notice of Intent to Exclude letter from that office.

You can check to see if you are on the exclusion list at http://exclusions.oig.hhs.gov. There are other situations, not related to Board discipline, for which a nurse may be placed on the LEIE. The OIG HHS website provides extensive information at [https://oig.hhs.gov].

The fourth question asks, “Since your last renewal have you been addicted to or treated for the use of alcohol or any other abuse potential substance?”

This is a straightforward question and as with all of the other questions, honesty is ALWAYS the best policy. Whether attendance at a treatment (rehabilitative) program is voluntarily or court ordered, you should respond “yes” to the question. In addition to the explanatory letter, you need to include documentation regarding treatment/rehabilitative program completion, such as discharge summary/recommendations and any evidence of compliance with recommendations.

Keep in mind that the Board staff frequently receives reports or complaints regarding a nurse’s conduct from various individuals. Employers, peers, coworkers, family members, friends, Facebook friends/acquaintances, neighbors, spouses or ex-spouses and even the public may report a nurse to ASBN.

If, during the course of review, it is determined that a nurse has failed to respond honestly to any area of the application, it is considered unprofessional conduct and that any other potential additional violations may lead to discipline. So, it is better to be safe and report accurately and work with the Board.

ASBN reviews each license renewal application before processing qualified renewal applicants and withholds approval of a nurse’s license renewal application that requires further investigation, information or documentation. So, don’t wait until the last minute to submit a license renewal application!
Antibiotics can work miracles against disease. They make it possible to have safe surgeries, successful transplants and cancer therapy. However, antibiotic miracles come at a high price. Overuse and inappropriate use are causing them to become ineffective against many of the bacteria they used to fight.

Antibiotic resistance leads to more than 2 million illnesses and 23,000 deaths annually in the United States, according to Centers for Disease Control and Prevention (CDC). Antibiotic resistance costs $20 billion annually in extra direct health care costs. Patients receiving antibiotics have a seven- to 10-fold increased risk of developing Clostridium difficile. Antibiotics are the most common cause of drug-related emergency department visits in children. Like no other drug, antibiotic usage in one patient can compromise its efficacy in another patient.

Inappropriate antibiotic prescribing is the most important modifiable risk factor for antibiotic resistance. About half of all antibiotic prescriptions are inappropriate in terms of need, selection, dosage or duration. Arkansas ranks sixth highest in the nation in antibiotic outpatient prescriptions dispensed, with 1,155 prescriptions per 1,000 people, compared to the national average of 835.

Aggressive action is needed to improve antibiotic stewardship and reduce antibiotic resistance. Hospitals, nursing homes, clinics and other health care settings are engaging in antibiotic stewardship programs (ASP), including measuring and improving the efficacy of antibiotic prescribing, minimizing misdiagnoses or delayed diagnoses leading to underuse of antibiotics, and ensuring selection of the right drug, dose and duration.

The Arkansas Hospital Association, Arkansas Association of Health-System Pharmacists and Arkansas Department of Health are addressing the problem with their Pharmacist-Led Collaborative. This collaboration has created a community of 22 hospitals that have established the CDC’s ASP core elements in their facilities. Seventeen facilities have increased their ASP core activities by at least one between 2014 and 2015.

In November 2016, the CDC released a new set of ASP core elements for outpatient settings. These elements are intended for clinicians in primary care clinics, emergency departments, health care systems, outpatient specialty and subspecialty clinics, dental clinics, and retail and urgent care clinics.

The CDC’s core elements are:
1. Commitment to and accountability for optimizing antibiotic prescribing and patient safety
2. Action for policy and practice to implement at least one policy or practice to improve antibiotic prescribing, assess its effectiveness and modify as needed
3. Tracking and reporting to monitor antibiotic prescribing practices and offer regular feedback to clinicians
4. Education and expertise to clinicians and patients on antibiotic prescribing

Nurses are key players in the implementation of an ASP. Taking on a stewardship initiative may feel overwhelming, but start small and identify one thing to do
now. Display commitment posters in your clinic lobby and exam rooms. They’re a reminder of accountability and great conversation starters for patient education. The CDC’s website http://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm includes commitment posters and patient education tools.

Always use evidence-based diagnostic criteria and treatment recommendations to ensure the patient gets the most appropriate antibiotic. In 2011, prescribing data indicated that sinus infections, middle ear infections and pharyngitis accounted for 44 million antibiotic prescriptions. However, only 52 percent of patients with these infections and treated with antibiotics received recommended first-line drugs.

Implement a policy of “watchful waiting” when appropriate. Antibiotics are frequently prescribed for noninfectious or nonbacterial illness. Provide symptomatic relief, including a clear plan for follow-up if infection symptoms do not improve.

Delay antibiotic prescriptions is an evidence-based approach that can safely decrease antibiotic use when used in accordance with clinical practice guidelines.

Measure your progress by tracking and reporting antibiotic usage. Potential sources of data include existing quality measures, automatic electronic medical record extraction and manual chart review.

Antibiotic stewardship is one the most important strategies in fighting antibiotic resistance, keeping our patients safe and our communities healthy.
CONTINUING EDUCATION
There has been a great response to completing the mandatory continuing education course for APRNs who hold prescriptive authority. As you know, this must be completed before your next license renewal. This course is a two-hour course and counts as two of the five pharmacotherapeutic hours required to renew your license. The course is located on our website under the Adv. Practice tab. I recommend you take this course as soon as possible rather than waiting until the month of your renewal.

For those APRNs issued a certificate of prescriptive authority after December 31, 2015, you must complete this course along with a second course, Substance Abuse and Misuse, which will be placed on the website soon. These three hours of prescribing education must be completed within two years of issuance of the prescriptive authority certificate. These two courses count as three of the five pharmacotherapeutic hours required prior to renewal.

You must maintain your national certification in the advanced practice role in which you were educated in order to maintain an active APRN license. ASBN Rules, Chapter 2, relates to your RN licensure which is required in order to hold an APRN license. According to ASBN Rules, Chapter 2, Section VII, C. Continuing Education Requirement Standards.

1. Standards for Renewal of Active Licensure Status.
   Licensees who hold an active nursing license shall document completion of one of the following during each renewal period:
   b. Certification or re-certification during the renewal period by a national certifying body recognized by ASBN.

   Therefore, maintaining your national certification will take the place of your RN continuing education requirements.

Most certifying bodies offer continuing education modules. This is an excellent place to search for these courses.

LICENSE RENEWAL
I receive questions frequently regarding license renewal. You must renew both your RN and APRN license every two years. They both will expire on the last day of your birth month. If you were born in an even year, your license will expire in the even year. Therefore, if you were born June 15, 1960, your license will expire on June 30, 2018.

Please understand that if you are newly licensed in the middle of a renewal cycle, you will come up for renewal before the two year mark. You must renew both your RN and APRN license. You will then be on schedule to renew every two years.

There is no renewal of your Prescriptive Authority Certificate. It is based on your collaborative practice agreement.

APRN WITH A DOCTORAL DEGREE
If you have been awarded a terminal degree such as Ph.D., DNP, DNSc, etc., please forward evidence of this accomplishment so we may update our records. You may e-mail this to us or fax to 501-686-2714, APRN Department.

COLLABORATIVE PRACTICE AGREEMENTS AND QUALITY ASSURANCE PLAN
Please be aware that Collaborative Practice Agreements (CPA) are documents drafted between the nurse practitioner and his/her collaborative physician. They must be complete, legible, signed and dated, and contain your correct certification and specialty (ANCC, FNP). You must also forward a completed copy of your Quality Assurance (QA) Plan. This is your responsibility and not the responsibility of your office manager. Send Collaborative Practice Agreements and Quality Assurance Plans to Ellen Harwell at eharwell@arsbn.org or fax to 501-686-2714, Attn: Advanced Practice Department. The CPA is not in effect until you receive a letter from ASBN stating it was received and approved.

If you have questions, do not hesitate to contact the APRN department.

Debra Garrett, DNP, APRN
ASBN Program Coordinator
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TRICARE® CERTIFIED
“An ounce of prevention is worth a pound of cure” is a Benjamin Franklin quote with which we are all familiar. This quote in the ASBN Update would at first glance appear to be an article related to a medical subject. However, this logic applies to finances as well. On occasion, the Arkansas State Board of Nursing (ASBN) receives requests from people who want a refund because they overpaid the agency. The policy of the ASBN regarding refunds has not changed. There are no refunds for overpayments.

Being a governmental agency, the ASBN is restricted in the types and amounts of payments that can be made to vendors and individuals. Refunds are not exempt from such restrictions. Therefore, the best way to ensure you are only paying what is required is by making sure you avoid overpaying.

There have been many reasons over the years for overpayments. Listed below are a few:

- An application was made for a license by endorsement or examination when the person already had an Arkansas license.
- The person could not remember if they had renewed, so they paid again to make sure it was done.
- The person had gone through the application process online, but wanted to make sure it worked, so they did it again.
- The person meant to apply for prescriptive authority, but made a duplicate application for an advanced practice license instead.

Although there are countless reasons, the result is still the same. ASBN does not give refunds. Below are suggestions of ways to prevent the overpayment:

- If you are not sure if you have already paid, check your records before repeating the process.
- If you worked on your application online and unable to verify the application was completed, contact ASBN before repeating the process.
- Do not wait until the last minute to make your payment—renew early.
- Warnings are there for a reason. The ASBN website has notices in red that say, “All fees are non-refundable so verify that charges are correct before proceeding and charges are applied.” Do not override warnings unless you are prepared to live with the results.
- The easiest way to avoid overpaying is to read the instructions. As simple as this is to do, failure to read the instructions is the most common reason people pay more than required. Although this step sounds elementary, sometimes when there are a lot of instructions we may be tempted to skim over them. However, ASBN strongly advises reading all the instructions before completing the application process. This is where you find out those important things like you need to complete a renewal (not an endorsement) form.

I realize for the most part I am “preaching to the choir,” but hopefully pointing out the obvious will help someone pay only the fees necessary instead of making an unintentional donation to the board.
At UAMS, we offer flexible programs that help you achieve your professional goals through an accelerated RN to BSN pathway or RN to BSN/MNSc pathway.

**Advantages of the UAMS nursing programs include:**

- Flexible schedules for the busy nurse with **5 start dates during the year**
- **7 ½ week courses**
- Program completion in 12 to 18 months
- BSN online and MNSc online/hybrid
- Project-based capstone at the end of the program
- Students may be able to complete up to 21 hours of specific prerequisites after admission to the RN to BSN program.
- All students graduate with BSN degree

As part of Arkansas’s only comprehensive academic health sciences center, the UAMS College of Nursing is the state’s largest nursing program offering BSN, MNSc (7 specialties), DNP, BSN-PhD and PhD degrees.

**Apply for classes or to learn more, visit:**

nursing.uams.edu
Chicago—The National Council of State Boards of Nursing (NCSBN) has launched a new Transition to Practice (TTP) online e-learning program for newly licensed nurses. The program reviews and discusses important concepts integral to patient safety and critical thinking helping new graduates understand how to apply nursing knowledge, learn new skills and think critically as they transition from newly licensed nurses to confident professionals.

Based on NCSBN’s Transition to Practice multisite, randomized and controlled study that found that transition programs increase new nurse competence, satisfaction and retention and decrease stress and self-reported errors, the program includes courses for both new graduate nurses and preceptors. Course content is evidence-based and highly interactive, aimed at strengthening core competencies.

“These courses are ideal for institutions with limited resources for onboarding new nurses and are an excellent guide for students during their capstone courses,” comments, Nancy Spector, PhD, RN, FAAN, director, NCSBN Regulatory Innovations and principal investigator of the Transition to Practice study.

The program’s five courses can be purchased, separately or as a package, through the NCSBN Learning Extension website (www.learningext.com). A separate course for preceptors is also available. All courses offer continuing education credits. Certificates will be available to print once a passing score is achieved.

The new graduate courses are:

- **Course 1: Communication & Teamwork**
  - Provide safer and more effective care through situational awareness and using positive workplace behaviors.
  - **4.0 Contact Hours | included in series for $150 or $40 for individual registration**

- **Course 2: Patient- & Family-centered Care**
  - Understand how to empower your patients and include them as integral members of the health care team.
  - **4.0 Contact Hours | included in series for $150 or $40 for individual registration**

- **Course 3: Evidence-based Practice**
  - Engage intellectual curiosity within the context of a health care team in order to achieve improved outcomes.
  - **4.0 Contact Hours | included in series for $150 or $40 for individual registration**

- **Course 4: Quality Improvement**
  - Embrace change and participate in processes that continuously improve the outcomes of care.
  - **4.0 Contact Hours | included in series for $150 or $40 for individual registration**

- **Course 5: Informatics**
  - Empower patients with new technologies that allow vital information to flow between the patient and health care team.
  - **4.0 Contact Hours | included in series for $150 or $40 for individual registration**

- **Course for Preceptors: Helping New Nurses Transition to Practice**
  - Foster the growth of new graduate nurses by embracing the roles of teacher, coach and protector.
  - **2.0 Contact Hours | $30 for individual registration (not included in series)**

---

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The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) “Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;” (a)(2) “Is guilty of a crime or gross immorality;” (a)(4) “Is habitually intemperate or is addicted to the use of habit-forming drugs;” (a)(6) “Is guilty of unprofessional conduct;” and (a)(9) “Has willfully or repeatedly violated any of the provisions of this chapter.” Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

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

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## Disciplinary Actions

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<td>CA</td>
<td>Documentation for Nurses, Civil Penalty $2,000</td>
<td>(a)(6)</td>
<td>April 12, 2017</td>
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<tr>
<td>Robin Kimberly Rae Wise</td>
<td>R099598</td>
<td>Conway</td>
<td>Letter of Reprimand</td>
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<td>The Nurse and Professional Behaviors</td>
<td>(a)(6), Rules</td>
<td>March 9, 2017</td>
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<td>Ryan Erin Nicole</td>
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<td>Mena</td>
<td>Probation - 2 years</td>
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<td>Civil Penalty $750</td>
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<td>April 12, 2017</td>
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<td>Searcy Fred William, Jr</td>
<td>R078351</td>
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<td>Probation - 4 years</td>
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<td>Substance Abuse: Commonly Abused Substances and the Addiction Process</td>
<td>(a)(4) (a)(6) (a)(7)</td>
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<td>Shew David Paul</td>
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<td>Documentation for Nurses, The Nurse and Professional Behaviors, Civil Penalty $3,300</td>
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<td>Sieber Dana Roxanne</td>
<td>L046458</td>
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<td>Arkansas Nurse Practice, Ethics</td>
<td>(a)(6), Rules</td>
<td>February 15, 2017</td>
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<td>Silair Qusandra Pearl Chisom</td>
<td>L020139</td>
<td>Vilonia</td>
<td>Letter of Reprimand</td>
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<td>The Nurse and Professional Behaviors, LPN Scope of Practice, Professional Accountability</td>
<td>(a)(6), (a)(9), Rules</td>
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<tr>
<td>Smith Robert Lee</td>
<td>L050718</td>
<td>Maumelle</td>
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<td>Substance Abuse: Commonly Abused Substances and the Addiction Process, Civil Penalty $1,500</td>
<td>(a)(2), (a)(4), (a)(6)</td>
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<td>Smith Donya Janett Todd</td>
<td>R071131, L032661</td>
<td>Pocahontas</td>
<td>Summarily Suspended</td>
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<td>April 13, 2017</td>
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<td>Snider Olivia Elizabeth Morgan</td>
<td>L055946</td>
<td>Sherwood</td>
<td>Revocation</td>
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<td>(a)(6)</td>
<td>April 13, 2017</td>
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<tr>
<td>Sue Heather Rae</td>
<td>R082523, L046123</td>
<td>Greenbrier</td>
<td>Probation - 4 years</td>
<td>CA</td>
<td>The Arkansas Nurse Practice Act, Substance Abuse: Commonly Abused Substances and the Addiction Process, Ethics of Nursing Practice, Civil Penalty $4,000</td>
<td>(a)(1), (a)(4), (a)(6)</td>
<td>April 12, 2017</td>
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<tr>
<td>Tanksley Tammy Louise Lackey Bond</td>
<td>R034325</td>
<td>Ft. Smith</td>
<td>Voluntary Surrender</td>
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<td>The Nurse and Professional Behaviors, Elder Adult Care, Civil Penalty $3,037</td>
<td>March 28, 2017</td>
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<td>Taylor Jonathan Edward</td>
<td>L051986</td>
<td>Little Rock</td>
<td>Suspended - 3 years</td>
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<td>(a)(2), (a)(6)</td>
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## Disciplinary Actions

**APRIL 2017**

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<tr>
<th>NAME</th>
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<th>STIPULATIONS</th>
<th>VIOLATION</th>
<th>EFFECTIVE DATE</th>
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<td>Thompson Melinda M</td>
<td>L045919</td>
<td>Huntsville</td>
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<td>Valley Aaron Joseph</td>
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<td>North Little Rock</td>
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<td>The Nurse and Professional Behaviors, Civil Penalty $750</td>
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<td>April 12, 2017</td>
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<td>Watts Michael Clell</td>
<td>R050307</td>
<td>Conway</td>
<td>Probation - 2 years</td>
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<td>The Nurse and Professional Behaviors, Professional Accountability, Professional Boundaries in Nursing, Sharpening Critical Thinking Skills, Civil Penalty $350</td>
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<td>April 12, 2017</td>
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<td>Watts Cynthia Lynn Marcotte</td>
<td>L049426</td>
<td>New Blaine</td>
<td>Voluntary Surrender</td>
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<td>Williams Samuel Fitzgerald</td>
<td>SC RN 106567</td>
<td>Columbia, SC</td>
<td>CEASE &amp; DESIST</td>
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<td>(a)(6), Rules</td>
<td>April 7, 2017</td>
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*continued on page 28*

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<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
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<td>Wilson Keith Daniel</td>
<td>L057382</td>
<td>Vilonia</td>
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<td>Sharpening Critical Thinking Skills, Substance Abuse: Commonly Abused Substances and the Addiction Process, Civil Penalty $1,500</td>
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<td>Wilson Genny Sue</td>
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<td>Benton</td>
<td>Revocation</td>
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<td>Woody Dennis Hall</td>
<td>R090447</td>
<td>Jonesboro</td>
<td>Probation Status Removed</td>
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<td>Wyman Michael Wayne</td>
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<td>Yancey Paula Rae Pogue</td>
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<td>Mabelvale</td>
<td>Letter of Reprimand</td>
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<td>Young Jessica Lynn</td>
<td>L039957</td>
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<td>April 13, 2017</td>
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<td>Collin Halcombe</td>
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</tbody>
</table>

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Amy L. Hester  
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Sara L. Rowe Jones  
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Keith S. Moll  
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