

Nevada State Board of **NURSING NEWSLETTER**

October 1999

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Nurses May Use Complementary Therapies

Nevada is second state in nation to issue practice decision on use of complementary therapies by nurses

Registered and practical nurses in Nevada can use complementary therapies as part of their nursing care, according to a practice decision approved by the Nevada State Board of Nursing at its September meeting.

The decision outlines guidelines for nurses who wish to use complementary therapies, such as aromatherapy and healing touch, within their nursing practice. While the use of complementary therapies is growing in the health care community, Massachusetts is the only other state which has issued guidelines for their use by nurses.

The Board's Nursing Practice Advisory Committee, which drafted the decision, studied the issue for more than a year at the request of nurses who wanted to be able to provide these kinds of therapies to their patients.

"A lot of patients and consumers are looking for an alternative to the medical model," explains Kathy Apple, the Board's executive director and chair of the advisory committee. "In adopting this practice decision, the nursing board recognizes that rather than being considered alternatives to standard nursing practice, these therapies can actually complement traditional methods."

The practice decision allows nurses to use noninvasive, nonchemical and minimal-risk methods aimed at relaxing, easing pain, and promoting healing of patients, as long as they have the patient's consent. It specifically forbids recommendations to take herbal medicines and megadoses of vitamins.

The decision points out that the use of complementary therapies does not authorize a nurse to diagnose or prescribe. Also, nurses cannot perform therapies that require licensure or certification by another state board, such as acupuncture, unless they hold such licenses or certificates.

The methods nurses can use range from music therapy to therapeutic touch.

Carol Mallory, RN, MS, the Nevada coordinator of the American Holistic Nurses Association, is certified in healing touch, acupressure and biofeedback. "I hope this practice decision will encourage more nurses to look into using holistic approaches," she says.

Mallory explains that such approaches help patients take more responsibility for their own health. Leslee Kosloy, RN, an advisory committee member who led the committee's work on the issue, agrees. "Complementary therapies can be taught to patients or their families to help them become involved in the process of their own healing."

RNs and LPNs may reinsert pessaries

The Board decided at its September meeting that it is within the scope of practice of an RN or LPN to remove, clean and reinsert a "donut" type pessary. The Board emphasized the practice decision applies only to the "donut" pessary, and nurses performing the procedure must have up-to-date formal education, training and demonstrated competency in the use of the device. In its research on the issue, the Board's Nursing Practice Advisory Committee found that while pessary use is low overall, it is increasing in the elderly population. Pessaries, which help prevent uterine prolapse and urinary incontinence, are fitted and placed by physicians or nurse practitioners.

Copies of both decisions were mailed to Nevada directors of nursing and nurse executives. If you have questions, please call the Reno office.

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NURSING NEWSLETTER

The Nevada State Board of Nursing Newsletter publishes news and information about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

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Congratulations Graduates!

by **Patricia O'Rourke-Langston, MHA, RN**
Associate Executive Director
for Licensure and Certification

Most Nevada graduates pass the
NCLEX on their first attempt

The Nevada State Board of Nursing congratulates all the graduates from Nevada nursing education programs! Here are some interesting facts about Nevada nursing graduates.

■ The number of graduates in 1998/99, not including LPNs, was projected to be 344.

Source: Report on Health Care Education in Nevada, prepared by the University and Community College System of Nevada

■ The number of successful first-time Nevada candidates who passed the NCLEX during the period of July 1, 1998—June 30, 1999 was 241.

Source: The Chauncey Group, Inc.

■ The 1998/99 first-time pass rate for Nevada was 85 percent. *Source: The Chauncey Group, Inc.*

What does this mean? The majority of Nevada graduates have already taken their examinations to test, and of those, the majority have successfully passed and are in the process of receiving their original licenses.

■ Nevada is one of 61 member boards that make up the National Council of State Boards of Nursing. Nevada's first-time annual RN candidate passing rate compares favorably with the national passing rate of 84 percent.

■ In 1998/99, a total of 77,193 people took the NCLEX. Of those, 283 were from Nevada.

Given Nevada's small volume of graduates, these statistics speak highly of the integrity of our state schools' curriculum and clinical experience. Graduates can expect to pass NCLEX and usually on their first attempt!

(If you're interested in learning about an individual Nevada school of nursing program, please contact the school directly.)

BOARD-APPROVED NURSING PROGRAMS

The NSBN has fully approved these schools to conduct a program of nursing in Nevada

University of Nevada, Las Vegas

University of Nevada, Reno

Community College of Southern Nevada, Las Vegas

Great Basin College, Elko

Truckee Meadows Community College, Reno

Western Nevada Community College, Carson

The NSBN has approved these schools to conduct the clinical portion of their nursing programs in Nevada

California State University, Dominguez Hills

Carson, California

Graceland College

Independence, Missouri

Lassen Community College

Lassen, California

Mojave Community College

Kingman, Arizona

New York Regents

Albany, New York

Plumas and Sierra Counties Regional

Occupational Programs

Quincy, California

University of Phoenix

Phoenix, Arizona

Make Sure Your School Is Approved

Don't wait to find out if you'll meet Nevada's education requirements

Under Nevada law, to qualify for a nursing license, you must have graduated from a nationally accredited nursing program approved by the Nevada State Board of Nursing.

If you live in Nevada, but you're earning your nursing degree from an out-of-state school, make sure you ask the school—

Does your program have national accreditation?

And, if you're planning to take your clinicals in Nevada, ask—

Is your program approved by the Nevada State Board of Nursing to offer clinicals in Nevada?

For more information about Nevada's educational requirements for nursing licensure, please call the Las Vegas office. For more information about the specific programs, call the schools directly.

Las Vegas 486-5800 or Toll-Free 1-888-590-6726

We're Working Hard — And It Shows!

Board earns high marks in statewide survey and receives national recognition

We've been working hard to improve our performance in a number of areas, and the results of our recent survey show those efforts are paying off. We were pleasantly surprised that 97 percent of those responding reported they had a very positive experience or positive experience with the board!

We strive to accomplish the board's mission of protecting the public in an effective, thoughtful manner—and as a result, we are recognized as a leader among boards of nursing. This leadership is exemplified by the re-election of our executive director to the National Council of State Boards of Nursing, the appointment of our associate executive director to a national committee on excellence in nursing regulation, the national adoption of standards set by Nevada, and the invitation to speak at a national consumer advocacy meeting.

Performance Survey

thanks to all who responded

The Board received high marks from a survey designed to evaluate its performance in a number of areas. Ninety-seven percent of those responding reported they had a very positive or positive experience with the Board, as compared with only three percent who reported negative or very negative experiences. Nearly all respondents rated the Board's written and oral communications informative and helpful.

The Board mailed surveys to 587 individuals and organizations, including state agencies, legislators, school districts, colleges and universities, medical facilities and staffing agencies, the news media, and randomly chosen nurses and nursing assistants.

A total of 161 completed surveys were returned, for an overall return rate of 27.4 percent. The highest return rate was 64.5 percent for state agencies and organizations. The Board is using the results of the survey to improve how it does business, wherever possible.

The National Council

re-elects Nevada's director

The National Council of State Boards of Nursing (NCSBN) re-elected Nevada's nursing board executive director as one of nine national officers. Kathy Apple, MS, RN, is serving her second one-year term as director-at-large for the National Council, which has 61 member boards, including those from the District of Columbia and U.S. territories.

Apple, who joined the Nevada State Board of Nursing in 1992 as associate executive director for nursing practice, has served as executive director since September 1996. The role of both the National Council and the Nevada State Board of Nursing is promoting safe and effective nursing to protect public health, safety and welfare.

appoints Nevada A.E.D.

The Board's associate executive director for nursing practice, Debra Scott, MS, RN, was appointed to serve as one of 10 members nationwide of the technical working group of NCSBN's Commitment to Public Protection through Excellence project. The group's charge is to develop methods of measuring how effectively and efficiently nursing boards regulate the practice of nursing.

adopts standards set by Nevada

During its annual meeting, the members of NCSBN for the first time agreed on uniform core requirements for licensure and certification of nurses and nursing assistants. These include criminal background checks and screening questions related to functional abilities. While many states will have to revise their laws and regulations to come into compliance, every core requirement is already in place in Nevada.

Citizen Advocacy Center

invites Nevada director to speak

The Citizen Advocacy Center invited Board Executive Director Kathy Apple, MS, RN, to speak at its 1999 annual meeting, *Credentials, Collaboration and Accountability in Health Care*. She will be a panelist on the subject of regulating collaborative practice.

COME TALK TO THE BOARD

On the last day of each regularly scheduled meeting of the Nevada State Board of Nursing (see page 6 for dates), Board members hold Open Forum for people to talk to them on nursing-related issues.

If you want to speak during Open Forum, please call Beverly Finley in the Reno office at least two weeks before the meeting for detailed information. Open Forum time is divided equally among those who wish to speak.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

In the last six months, we've given more than 50 talks across the state, in locations ranging from schools to hospitals to correctional centers. Call the Reno office if you're interested in having us come speak to your organization.

An Alternative To Addiction

The Alternative Program for Chemically Dependent Nurses— we help heal the healers

WHAT SERVICES DOES THE PROGRAM PROVIDE? FOR THE PUBLIC

- immediate intervention to protect the public as an alternative to a longer disciplinary process
- consultation with concerned consumers, employers, co-workers, family members or friends
- advice on how to talk with a nurse or nursing assistant about an apparent chemical dependency problem
- coordination and consultation with employers to assure patient safety

FOR THE NURSE OR NURSING ASSISTANT

- consultation about entering the program
- monitoring and reassessing recovery
- random drug and alcohol testing
- information regarding local support services
- encouragement, support and guidance in recovery as an effective alternative to disciplinary action
- removal from probation when program is successfully completed

If you or someone you know has an addiction, the Nevada State Board of Nursing can help. It runs a successful program for nurses and nursing assistants whose practice may be impaired due to chemical dependency.

The goal of the Alternative Program for Chemically Dependent Nurses is to protect the public by identifying impaired individuals, then providing intervention and requiring treatment.

It helps heal the healers, giving them the opportunity to take personal responsibility for recovery while being closely monitored through a nondisciplinary agreement and probation.

How do people

get into the program?

SELF REPORT—Nurses and nursing assistants who are willing to admit that their addiction has led to a violation of the Nurse Practice Act and who are willing to go into treatment may enter the program by reporting their problem directly to the Nevada State Board of Nursing.

TEMPORARY SURRENDER OF LICENSE—Nurses and nursing assistants must agree to temporarily surrender their licenses or certificates until they have met their treatment requirements of 180 hours of programming in a Board-approved chemical dependency program, and 90 Alcoholics Anonymous/Narcotics Anonymous meetings in 90 days.

PROBATION—Nurses and nursing assistants must agree to abide by the terms of a nondisciplinary probation, which includes working under an unmarked, conditional license while complying with an agreement designed to closely monitor recovery.

For more information

Call or write Debra Scott, associate executive director for nursing practice, in the Reno office.

My Personal Experience with the NSBN Altern

by Janet

Before entering this recovery program, my life and nursing practice were headed down a destructive path. I was actively using drugs both on and off the job and soon realized that my using was progressing to a horrible end. After using drugs daily for a period of five years, I hit bottom and knew that I needed help.

My daily drug use began in 1989 with a motor vehicle accident in which I sustained a back injury. I was given a Rx for Tylenol 4 in the ER. After taking the first one, I remember thinking that I wanted that euphoric pain-free feeling to last forever, as it numbed both the physical and the emotional pain that I was experiencing at the time. I tried to maintain that high feeling daily until my using progressed to requiring higher and higher dosages of Tylenol 4, as well as Lortab and Percocet. With this increase came the increased search for more physicians and pharmacies to supply my need. I also had to keep an extensive list of all the MDs and pharmacies I had used in a written log to keep my deceptions straight.

As my addiction progressed, my life and practice progressively suffered. I had a difficult time getting up in the morning without medicating myself immediately. While struggling to function in my position as a physician's office nurse and at home as a wife and mother, I also had the business of fabricating more lies and cover-ups to hide my drug use. I didn't divert patients' meds, but maintaining my own supply of drugs was a demanding second job that consumed my life, leading to my job loss and criminal felony charges of obtaining narcotics illegally (thankfully dropped after completing the drug court program). With these events, I finally hit bottom.

On August 29, 1993, I entered a drug treatment hospital, where I learned about addiction and the tools that I needed in order to recover, which were the Twelve Steps of either Narcotics Anonymous or Alcoholics Anonymous.

While I was an inpatient of the treatment center, I was blessed to have a nurse care for

e's Story

Alternative Program for Chemically Dependent Nurses

W., RN

me who helped guide me through the process of being a professional nurse in recovery, as she was also a recovering addict who had walked through the process years before me. “J” understood my feelings, and she made suggestions that would help me.

“J” suggested that I make a self-reporting phone call to the Nevada State Board of Nursing, informing them that I was in treatment for addiction and that I voluntarily surrender my RN license on a temporary basis. The rationale for this was simple: I could not give the best and safest nursing care to my patients while I was “under the influence” of drugs. Making that call was a very difficult decision, as it stirred up many fears. I was fearful of punishment by losing my license forever. I feared loss of income and how that would affect my family. I feared being seen as a failure in my profession, something that I had worked so hard for. Working through these fears proved beneficial in time, and making the call was a responsible choice toward changing my life.

After learning about the NSBN Alternative Program, I made the decision to do the necessary footwork to get my license reinstated. It's a very simple program, but not an easy one, as it did take a lot of willingness and hard work to succeed.

I believe that the way I succeeded was to focus mainly on working my recovery program “for me” not “for others.” This included complying with the stipulations of the NSBN by going to NA meetings, calling my sponsor, working the Twelve Steps, making new recovering friends, and also by giving something back by being a sponsor myself to others. This was rewarding, as I reaped the program's benefits in my home life and in my professional life.

On August 29, 1999, I celebrated six years clean and sober. I did it one day at a time, and by the grace of God, I've been able to put six years of “one days” together. I completed the NSBN monitoring program this past March. I have been employed at the same surgery center that hired me five years ago when my license was reinstated and find nursing even more re-

warding now than ever. I continue to use the same tools and practice the same principles of my recovery program, and as a result, I enjoy a full and content life. I am glad those old self-pitying, dread-filled drugged days are in the past. My days are now filled with enthusiasm, gratitude, and hope for all that each and every day's experiences bring, and I feel truly blessed to have been given this recovering life and the chance to grow.

I'm glad that I had the strength to “make that call” to the NSBN despite my fears, as it proved to be a positive experience for me and has made me the changed person that I am today.

Who runs

the Alternative Program?

Debra Scott, associate executive director for nursing practice, chairs the Board's Disability Advisory Committee, which administers the Alternate Program for Chemically Dependent Nurses. Committee members include professional substance abuse and mental health nurses and nurses who have recovered from alcohol or drug addiction or have had other life experiences around addictions. The committee

- evaluates whether chemical dependence is impairing a person's nursing practice;
- submits recommendations to the Nevada State Board of Nursing, which may be accepted, amended, or rejected;
- monitors recovery progress through scheduled interviews with the nurse or nursing assistant and regular reports from employers, treatment providers, and the nurses themselves.

Is the program

successful?

Yes! Last year, the relapse rate was only three percent! To successfully complete the program, the participant must follow all of the stipulations contained in a signed agreement/decree, complete treatment in a Board-approved program, and demonstrate a change in lifestyle that supports continuing recovery.

Participants who violate their agreements are subject to disciplinary action by the Board.

WHO IS ELIGIBLE?

NURSES OR NURSING ASSISTANTS WHO

- report themselves to the nursing board,
- are licensed or certified in Nevada,
- abuse alcohol or drugs to the extent their nursing practice has been affected,
- have had no more than one previous treatment episode, and
- who sign a voluntary agreement to follow all components of the program.

WHO IS NOT ELIGIBLE?

A NURSE OR NURSING ASSISTANT

- who has had previous disciplinary action related to impairment from chemical dependency,
- who, evidence shows, has a long history of diverting drugs, or
- who has a complaint pending against him or her regarding diversion or impaired practice.

Disciplinary Actions

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process

If the Nevada State Board of Nursing receives information that a nurse or nursing assistant may have broken the law (the Nevada Nurse Practice Act), the Board has the authority to investigate.

It will only investigate if the complaint is received in writing, names a nurse or nursing assistant who is licensed or certified in the state of Nevada, is signed by the person making the complaint, and alleges a violation of the Nurse Practice Act.

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process, which requires giving adequate notice, a description of the charges, and a hearing or the opportunity for a hearing.

The individual also has the right to a formal hearing, the right to an attorney, the right to not participate in an informal hearing, the right to not sign anything, the right to see the complaint, and the right to appeal.

If the evidence doesn't support the allegations, the complaint may be dismissed or closed. If the evidence does support the allegations, the Board can take disciplinary action against the individual.

Disciplinary action can include denial, reprimand, fine, suspension, probation, or revocation of a license or certificate. The Board considers each case individually.

The disciplinary penalty is determined based on a number of factors which include the severity and recency of the offense, degree of deviation from standard practice, evidence of rehabilitation, current ability to practice safely, mitigating factors, and past disciplinary history.

The law gives the Board nondisciplinary options, including a very successful program which allows qualified, chemically dependent nurses and nursing assistants to re-enter the workforce in a paced sequence. It also monitors their recovery to ensure the safety of patients.

The following are disciplinary actions taken by the Board for the period of March 6, 1999 through May 14, 1999.

Allen, Theresa, LPN7989
Agreement for Reprimand based on NRS 632.320 (7) unprofessional conduct.

Anderson, Mary, RN8972
Voluntary Surrender of License in Lieu of Other Disciplinary Action based on NAC 632.890 (9) impaired practice.

Bell, Carolyn, LPN8745
Agreement for Fine in the amount of \$100.00 based on NAC 632.890 (36) practicing without a license.

Brown, Gabriella, RN28010
Agreement for Reprimand based on NRS 632.320 (20) falsifying records.

Carter, Irvin, CNA9054
Agreement for Reprimand and Class for violation of NAC 632.890 (22) patient abandonment.

Commander, Alyssa, CNA Applicant
The Board denied the application for certification based on NRS 632.320 (2) convictions.

Cromwell, Harley, LPN Applicant
The Board accepted the application for licensure with all recommendations by the Disability Advisory Committee to include a three-year disciplinary probation based on NRS 632.320 (2) convictions.

Curry, Anna, CNA10494
The Board found the Respondent guilty based on her stipulation to the facts and liability as stated in the formal complaint (one count of NRS 632.320 (7) unprofessional conduct). It was moved and seconded the Board enter an order of revocation but stay the order for good cause subject to probation for a period of one year. Respondent is to complete a non-home study anger

management class, a patient rights class, and the Elder Abuse class to be conducted by the Board and the Attorney General's Office.

Davis, Dale, RN29908
Voluntary Surrender of License in Lieu of other Disciplinary Action based on NAC 632.890 (11) positive drug screen as a condition of employment.

Hawkins, Lori, CNA 83481
The Board accepted the Respondent's voluntary surrender of her certificate on the record based on NRS 632.320 (14) violation of a Board order.

Houseman, Lisa, RN22555
Agreement for Fine in the amount of \$100.00 based on NAC 632.890 (36) practicing without a license.

Jenne, Debra, RN23809
Voluntary Surrender in Lieu of Other Disciplinary Action based on NAC 632.890 (18) drug diversion and (9) impaired practice.

Juarez, Gilberto, CNA6305
The Board accepted the renewal application for certification and accepted the Agreement for Fine in the amount of \$50.00 based on NAC 632.890 (36) practicing without a certificate.

La Voie, Jacqueline, LPN8715
Agreement for Reprimand based on NAC 632.890 (2) practicing beyond scope.

Mestas, Karen, RN26556
The Board accepted the application for reinstatement and the Agreement for Disciplinary Probation based on NAC 632.890 (9) impairment.

Moore, Tamara, RN27055
Agreement for Reprimand based on NRS 632.320 (1) fraudulent application-forged continuing education certificate.

Nelson, Heather, RN Applicant
The Board denied the application for licensure based on NRS 632.320 (1) fraudulent application.

Pavc, Dorothy, CNA3755
Agreement for Reprimand and Fine in the amount of \$200.00 for violation of NAC 632.890 (36) practicing without a certificate.

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

Board Meeting Dates

November 18-19
Reno

January 20-21
Las Vegas

March 23-24
Reno

May 18-19
Las Vegas

July 19-21 (Retreat)
Minden-Gardnerville

September 14-15
Las Vegas

November 16-17
Reno

NURSE PRACTICE ACTS

The Nevada Nurse Practice Acts are just \$5 a copy if you buy them at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

Convictions Policy Strengthened

Some applicants will now be automatically denied

The job of the Nevada State Board of Nursing is to protect the public through effective regulation of the practice of nursing. One way it does this is to evaluate whether the criminal history of new and renewing applicants pose an actual or potential risk to the public.

The Board recently strengthened the criteria it uses to evaluate applications for licensure or certification for those with criminal convictions.

At its September meeting, the Board voted in favor of the revised policy which incorporates the types of convictions listed in NRS 449.188, a Nevada law governing the types of people who may work in long-term care, home health and rehabilitation facilities.

The revised policy means that Board staff will now deny the initial application for licensure or certification if the applicant has a history of any of the convictions listed in the box to the right.

(Those granted licenses or certificates under the former policy will not be affected by the revision unless they commit new crimes.)

The applicant will receive written notice of the denial, and may appeal the denial to the Board. The applicant will be granted a hearing if he requests one by certified letter to the Board within 30 days after the denial notice is mailed to him.

If a hearing is granted, the Board members will evaluate the applicant on the basis of evidence of rehabilitation and the potential/actual risk to the public.

If the Board upholds the staff denial of the application, the denial will be reported to the national disciplinary data bank and will appear on the disciplinary actions list sent to all Nevada facilities.

Criminal Convictions

Convictions which will result in automatic denial include:

- Murder, voluntary manslaughter, or mayhem
- Assault with intent to kill or commit sexual assault or mayhem
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure, or any other sexually related crime
- Abuse or neglect of a child or contributory delinquency
- A violation of any federal or state law regulating the possession, distribution, or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past seven years
- A violation of any provision of NRS 200.5099 or 200.50955, which outlines abuse, neglect, and exploitation of an older person
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion, or misappropriation of property, within the immediately preceding seven years
- Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding seven years

Peacock, Kelly, RN28775
The Board found the Respondent guilty of one count of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) failing to comply with a condition, limitation or restriction which has been placed on his license. It was moved and seconded that Respondent's license be revoked and its surrender ordered. Respondent may not apply for reinstatement for a period of two years.

Robinson, Melanie, LPN7355
Agreement for Reprimand and Class for violation of NRS 632.320 (1) fraudulent application.

Savage, Kelli, TRN1790
Agreement for Probation (Disciplinary) based on NAC 632.890 (11) positive drug screen as a condition of employment.

Sims, Anthony, RN26806
Voluntary Surrender of License in Lieu of Other Disciplinary Action based on violation of NAC 632.890 (10) positive drug screen while practicing nursing.

Smith, Kristin, CNA12137
Agreement for Reprimand based on NAC 632.890 (22) patient abandonment

Weidenfeld, Michaela, RN28670
Agreement for Reprimand based on NAC 632.890 (25) failing to report significant changes to the appropriate persons and (27) customary standards.

Questions? Call Debra Scott, associate executive director for nursing practice, in Reno. For information about filing a complaint, call the Reno office or go to the consumer information section of the Board's web site (nursingboard.state.nv.us).

COMMITTEE MEETINGS
The Nevada State Board of Nursing is advised by and appoints members to seven standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's web site and at community sites.

Advanced Practice Advisory Committee
October 25, 1999

CNA Advisory Committee
October 27, 1999

Disability Advisory Committee
October 21, 1999

Nursing Competency Advisory Committee
October 20, 1999

Nursing Practice Advisory Committee
November 10, 1999

Contact

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Board of Nursing

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Board Meeting Highlights

Board sets goals and
objectives for 1999-2000

The Board's goals for 1999-2000 focus on its mission to protect the public. At its annual retreat this year, the Board set two major goals, with corresponding objectives. One goal is to protect the public through education, which includes continuing to increase consumer awareness and access; working effectively with the governor's office, legislature, and public and private organizations concerned with health care; and continuing education efforts through the media and the Board's speaker's bureau.

The second goal is to protect the public through the effective regulation of the practice of nursing, which includes continuing to improve processes and procedures; effectively administering its licensing, discipline and education programs; and ensuring nursing regulation continues to reflect current, safe standards of practice.

Two named to Advanced
Practice Advisory Committee

The Board named Tricia Brown, MSN, RN, APN of Reno and Mary (Bobbi) Leondike, RN, APN of Las Vegas to its Advanced Practice Advisory Committee. They will each serve three-year terms on the committee, which advises and reports to the Board on matters related to the practice of advanced practitioners of nursing.

Nurse Practice Act On The Web

Nevada's Nurse Practice Act is now on line—
just go to nursingboard.state.nv.us.

New Nursing Laws

Volunteering now counts
toward renewal requirements

The role of the Board's Law and Legislative Advisory Committee is to review the Nurse Practice Act to ensure Nevada's nursing laws are consistent with current and safe standards of practice.

As a result of the committee's 1997/98 review, several language changes and additions were proposed to the 1999 legislature, in the form of Assembly Bill 204. The bill, which the Board revised in response to requests from nursing and other health care organizations, was passed by the legislature and signed by the governor into law, effective October 1, 1999.

While most of the new law simply "cleans up" outdated language, it contains two significant revisions to the Nurse Practice Act. The first, which the Board made in response to a request from parish nurses, is the removal of the words "for compensation" from the definition of nursing. As a result, volunteering now counts toward meeting the requirements for license renewal.

The second increases the fee range for certified nursing assistants, so the Board will have the flexibility to raise fees in the event of a shortfall in the federal funding which pays for the CNA program. (CNA fees have not been raised since they were established 10 years ago.)

Nevada State Board of
NURSING NEWSLETTER

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