Gov. Kenny Guinn reappointed Patricia Shutt, LPN, to serve a second four-year term as the licensed practical nurse member of the Nevada State Board of Nursing.

Merle Lok, Esq., was appointed to her first term as the consumer member.

“I’m very pleased Patricia Shutt will be continuing her invaluable service to the state,” Guinn said. “Her broad and deep experience, both as a board member and as a nurse, lends unique and vital insight and perspective to the important work of the nursing board.”

“Merle Lok, with her legal experience both public and private, will strengthen this very important board.”

Shutt, who is Board vice president, is currently working for the Clark County Health District.

In 2001, she was among a handful of nursing board members nationwide chosen to serve on one of the National Council of State Boards of Nursing’s few standing committees—the NCLEX PN-Item Review Subcommittee. In that role, she reviews the items that appear on the national test all practical nurses must pass before they can become licensed.

A graduate of the Mercedian School of Practical Nursing in Scranton, Pennsylvania, Shutt has 35 years of nursing experience, including working in hospitals, home health, and community health.

Her memberships include the Nevada Service Employees Union and the Nevada Public Health Association. She has one son, Michael, and was married to the late William W. Shutt.

After serving three years in the Clark County District Attorney’s office, Family Support Division, Lok started her private practice specializing in family law, civil litigation, and immigration. She received her Juris Doctorate from Duke University and her Bachelor of Arts from the University of Chicago.

She is married Dr. Peter Lok; they have a four-year old daughter, Amanda; and two teenage children, Henry and Angela.

The seven-member nursing board consists of four registered nurses, one practical nurse, one certified nursing assistant, and one consumer member. They are appointed by the governor to four-year voluntary terms.

The Nevada State Board of Nursing named Debra Scott, MS, RN, APN, its new executive director after a nationwide search. “Debra’s experience and knowledge, both in the practice and in the regulation of nursing, are invaluable assets that she brings to this important state role,” Board President Cookie Bible said.

Scott was formerly associate executive director for nursing practice, a position she held since joining the board in 1996. In that role, her responsibilities included the coordination, evaluation and processing of 600 to 700 formal disciplinary complaints annually and the direction of the board’s Alternative Program for Chemically Dependent Nurses.

She began her nursing career in 1978, working as a school health aide, a nursing assis-
tant in long-term care, and as an industrial nurse in a peach cannery. Scott’s experience includes positions as staff nurse, lead nurse, director of clinical services, program director, director of nursing services, legal nurse consultant, nurse executive, and a private practice nurse psychotherapist. Scott has spent much of her career working for acute psychiatric hospitals in California and Nevada.

Scott replaces Kathy Apple, who left the Nevada nursing board in June to become executive director for the National Council of State Boards of Nursing.

### Board Reorganizes

**Practice and compliance functions under new leadership**

Over the past several years, the Board’s functions and responsibilities have shifted in response to the rapidly changing health care environment. Much of that change has been in the discipline and practice areas.

The Board recently reorganized its structure to reflect that change and to create a more focused, effective and efficient organization. It separated two functions that were related, but distinct—practice and compliance. Those functions were previously under one Associate Executive Director for Nursing Practice.

The reorganization did not increase total staff hours, but rather redistributed the workload to reflect the changes in function. It eliminated the associate executive director position and created two new associate director positions.

The new Associate Director for Practice is Chris Sansom, RN, who will continue her previous duties as a nurse investigator in addition to her new responsibilities, which include overseeing the Board’s discipline and investigation functions and supervising two other nurse investigators and an investigative clerk.

Sansom, who joined the Board in 1994, spent much of her nursing career working in dialysis and transplant centers in California as a nurse manager, staff and patient training nurse, and dialysis nurse.

The new Associate Director for Compliance is Sally Thresher, MSN, RN. She is overseeing the Board’s probation function and the Alternative Program for Chemically Dependent Nurses, which includes supervising a probation coordinator and a management assistant.

Thresher was previously a Clinical Nurse Specialist with the San Francisco Department of Public Health’s Youth Guidance Center. Her recent experience includes positions as nurse manager, nurse practitioner, forensic nurse examiner, triage nurse, charge nurse and staff nurse for employers including the San Francisco Rape Treatment Center, Kaiser Permanente Medical Group, and San Francisco General Hospital.

### Top Ten Renewal Errors

10. Didn’t sign the renewal
9. Didn’t answer the screening questions
8. Answered screening questions incorrectly
7. Didn’t submit the renewal fee
6. Didn’t provide CEUs when audited on renewal
5. Didn’t mark one of the Child Support Information boxes, or marked more than one
4. Didn’t mark last date practiced
3. Didn’t keep track of license expiration date (which is always your birth date, two years from your last renewal)
2. Waited to renew until just before expiration or on expiration date

... And the number one renewal error . . .

1. Didn’t receive renewal application because didn’t notify Board of change of address

The Board thanks the vast majority of nurses who notify us when their address changes, renew on time, and send in error-free renewals. You’re number one with us!

### Reno Office Moves

Address changes; telephone, fax and email address remain the same

The Board’s Reno office moved to 5011 Meadowood Mall Way, Suite 201, Reno, NV 89502-6547. To get there, head south on US 395, take the So. Virginia/Kietzke exit 63, turn left on So. Virginia, go through the light, and turn left on Meadowood Mall Way. The new office is on your right inside the Sprint Building.
The Board began including screening questions on its applications in the 1980s to better fulfill its job of protecting the public. The questions, which concern previous disciplinary actions, criminal convictions, civil judgments, chemical dependency, and medical/mental health conditions, all relate to the applicant’s ability to practice nursing in a competent and safe manner.

The questions on both new and renewal applications are the same, but the time frames are different—new applicants have to report any and all disciplinary actions and criminal convictions—renewal applicants have to report disciplinary actions and criminal convictions that occurred since their previous Nevada license was issued.

If an applicant answers yes to any of the eligibility screening questions, the Board requests documentation which it uses to evaluate the competency, qualifications and ability of the applicant to safely practice nursing. From that evaluation, the Board decides to approve or deny the application, based on the legal requirements for licensure or certification.

The eligibility screening questions play a major role in the Board’s ability to ensure nurses and CNAs are safe and competent. Board staff spend much of their time helping people answer the questions accurately and fully—and unfortunately, investigating those who don’t tell the truth. This article discusses two of the five screening questions in more depth.

Question #2 asks about criminal convictions and civil judgments. Applicants who answer yes must submit fingerprints; a letter of explanation regarding the circumstances of the arrest, conviction or judgment; copies of court documents (or a letter from the court stating documents are unavailable); a letter from the parole/probation officer regarding the completion of sentence, if applicable; and a letter of reference from the current or last employer.

The applicant must submit a letter describing the condition and include documentation from the treating practitioner. If the Board determines the condition is permanent and does prevent the applicant from practicing the full scope of nursing, the Board may grant a license with limitations. Such licenses are not marked limited; however, it is the nurse’s legal responsibility to use good nursing judgment to practice safely within his or her limitations. For example, if a back injury prevents a nurse from lifting more than 20 pounds, and she harms a patient when attempting to lift him, the nurse would be subject to discipline for unsafe practice.
Questions and Answers

Answers to some frequently asked questions

Q. What is the Board doing about the nursing shortage?

A. The Board is sponsoring a Mutual Recognition bill for the 2003 legislative session. The Mutual Recognition Model of Licensure allows RNs and LPNs to have one license in their state of residency and practice in any state that has signed an interstate compact. Of the 18 states that have passed the compact, Nevada’s neighbor Utah was the first (in 1998); Arizona and Idaho adopted it in 2001. Being a member of the compact will give Nevada consumers greater access to safe nursing care and will give the state a competitive edge in its efforts to recruit and retain qualified nurses.

The Board continues its efforts to identify and remove unnecessary regulatory barriers, as long as such action does not lower standards or compromise patient safety. It has revised its faculty-student ratio policy to allow for increases in leadership classes, where there is a one-to-one relationship with a preceptor. It streamlined the application form for all applicants and reduced the time and cost for foreign applicants who meet qualifications regarding education, NCLEX, and the ability to speak English.

The Board continually conducts education efforts about how to report staffing concerns and how to refuse unsafe assignments in accordance with the Nurse Practice Act (see next question and answer).

The majority of disciplinary actions the Board takes are focused on remediation and/or rehabilitation, keeping nurses and CNAs on the job while helping them improve their practice.

The Board actively supports efforts to fund increased nursing school enrollments, including an increase in faculty salaries and the legislative initiative to double nursing school capacity.

The Board is a founding member of the Nevada Nurse Task Force, now the Nevada Institute of Nursing, a nonprofit organization dedicated to developing and achieving collaborative solutions to the nursing shortage.

Q. How can I refuse an assignment that is unsafe without losing my license and my job?

A. The Board receives many calls from nurses who feel they are being asked to place their patients at risk or their licenses in jeopardy. Many think they have no choice but to accept assignments they are unable to safely manage, to perform acts they aren’t qualified to do, or to work longer hours than they believe they can physically or mentally endure and still provide safe patient care.

Often, refusing an assignment does not seem an option for these nurses who believe either the patients would be endangered or they would lose their jobs if they simply said “No.” Some blame poor staffing due to economic motivations, others point to nursing administration’s failure to advocate for staff nurses, and sometimes the situation seems a factor of the nursing shortage or the rural nature of our state.

Yet, all licensed nurses in Nevada are subject to the Nurse Practice Act that holds nurses responsible and accountable for nursing judgments, actions and competence and requires the nurse to safeguard the patient. Accepting an assignment that the nurse knows she is not qualified for, and/or accepting an assignment that places a patient in jeopardy, are violations of the Nurse Practice Act and may result in disciplinary action.

How can nurses protect their patients, protect their licenses, and still maintain their jobs in the “real world”?

Prevention and early intervention are al-
ways a place to start. Nurses should know the laws and regulations that govern their practice and clearly understand what constitutes a violation of the Nurse Practice Act. For example, nurses may be told that refusing to accept an assignment is “wrongful abandonment,” but in fact, the Nurse Practice Act cites three conditions that must exist before such an action would be considered abandonment by the Board. Specifically, according to NAC 632.895(6):

“A act of patient abandonment occurs if: (a) A licensee or holder of a certificate has been assigned and accepted a duty of care to a patient; (b) The licensee or holder of a certificate departed from the site of the assignment without ensuring that the patient was adequately cared for; and (c) As a result of the departure, the patient was in potential harm or actually harmed.”

Evidence of all three conditions must be shown before the Board may consider disciplinary action against a nurse for patient abandonment.

However, it should be noted that the Board has no jurisdiction over employment or contract issues.

Until unsafe conditions are corrected, well-intentioned nurses may feel like they’re in a “Catch 22,” where if they practice in accordance with the law, they will keep their licenses but lose their jobs. Unfortunately, sometimes leaving a position is the only option. Here are some things to consider—

- Place patient safety and well-being first. Act in good faith.
- Know the laws and regulations that govern your practice.
- Build a defense for why an action (or act of omission) was unavoidable. Document carefully. Be able to demonstrate that the course of action was what would have been provided in a similar situation by a reasonable and prudent nurse with similar education and experience.
- Continue to advocate for safe nursing care for patients.
- If you believe that a situation is truly a risk for the public, please do not hesitate to call the Board and discuss your concerns.

Q. Am I responsible for tasks I assign to other nurses, CNAs or unlicensed personnel?

A. The short answer is yes.

According to NAC 632.222(4), “A registered nurse who delegates nursing care to another nurse or assigns duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.”

The 2001 American Nurses Association Code of Ethics states, “Since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers.”

Both the Nurse Practice Act (NAC 632.222 and 632.224) and the ANA Code of Ethics (Section 4.4) address how to properly delegate nursing responsibilities or assign nursing care activities.

They both require the nurse to evaluate the knowledge, skills, and experience of the individual to whom the care is assigned, the complexity of the assigned tasks, and the health status of the patient. The nurse is also responsible for monitoring the activities of these individuals and evaluating the quality of the care provided.

According to the ANA Code of Ethics, “the nurse must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified.”

If the nurse assigns or delegates “functions, tasks or responsibilities of licensed or certified persons to unqualified persons,” or fails “to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person,” the Board may consider the nurse guilty of unprofessional conduct, according to the provisions of NAC 632.890(6)(7).

If you’d like more information, please read the Nurse Practice Act or call the Reno office. The ANA Code of Ethics is on the web at nursingworld.org/ethics/ecode.htm.

FOR MORE ANSWERS—GET INTO THE ACT

The newest edition of the Nevada Nurse Practice Act has just been printed! It comes in a convenient carrying size. The 5-1/2” by 8-1/2” booklet is just $5 if you buy it at the Reno or Las Vegas office, and $8 by mail (make check or money order payable to the Nevada State Board of Nursing).

CATCH OUR ACT ON THE WEB

The Board’s web site has a link to the state laws, regulations, and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, which includes guidelines for determining scope of practice. Just go to nursingboard.state.nv.us and click on “Nurse Practice Act.”
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 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 or aggravating 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 January 26 through May 23, 2002.

Board denials of applications for licensure or certification
Amodei-Heiter, Vicki, LPN05048
Denied by Board for violation of NRS 632.320 (2) convictions.
Gatlin, Gary, CNA013218
Denied by Board for violation of NRS 632.320 (2) convictions.
Lopez, Janie, CNA Applicant
Denied by Board for violation of NRS 632.320 (2) convictions.
Masten, Tangy, CNA Applicant
Denied by Board for violation of NRS 632.320 (2) convictions.
Nino, Bree, CNA Applicant
Denied by Board for violation of NRS 632.320 (2) convictions.
Staudacher, Kristen, RN Applicant
Denied by Board for violation of NRS 632.320 (1) fraudulent application.

Board ratification of staff denials of applications for licensure or certification
For violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.
Jenkins, Jonathan, CNA Applicant
Stillions, Gregory, RN Applicant
Wallace, Jovell, CNA Applicant

Board ratification of staff denials of applications for licensure or certification
For violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) Related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof.
Geving, Margaret, CNA Applicant
Pino, Jorge, CNA Applicant
Ramsey, Amy, CNA Applicant
Robinson, Willena, RN Applicant
Roseboom, Karen, CNA Applicant
Terrell, Myrtle, CNA Applicant

Settlement Agreements and/or Formal Hearings
Allen, David, CNA11168
Probation (Disciplinary) for violation of NAC 632.890 (11) positive drug screen.
Bayless, Sherman, LPN08194
Probation (Disciplinary) for violation of NRS 632.320 (14) failure to comply with an order of the Board.
Boykins, Keyoma, CNA Applicant
Fine of $500 for violation of NAC 632.890 (38) practicing without a certificate.
Clemente, Clarita, RN34733
License renewal denied for violation of NRS 632.320 (1) fraudulent application.
Coleman, Natalyn, CNA3460
Certificate suspended for violation of NRS 632.320 (14) failure to comply with an order of the Board.
Corica-Canale, Kimberly, RN3570
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order.
Hughes, Joyce, CNA12722
Reprimand for violation of NRS 632.320 (14) violation of a Board order.
Island, Desire, LPN11192
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order.
Jones, Sandra, RN32701
License reinstated and Agreement for Probation (Disciplinary) for violation of NRS 632.320 (5) controlled substances.
Kendrix, Whatana, CNA00498
Agreement for Reprimand for violation of NAC 632.890 (10) positive drug screen.

ABBREVIATIONS
NRS Nevada Revised Statutes
NAC Nevada Administrative Code
Kinkade, Vickrey, APN00364, RN19842
Agreement for Fine of $100 for violation of NRS 632.315 (2) practicing without a license; NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Kinney, Robert, RN17432
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) use of controlled substance; and NAC 632.890 (18) drug diversion.

Matha, Leona, RN26051
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (12) action in another state.

Melton, Janis, RN28812
Agreement for Reprimand for violation of NAC 632.890 (27) customary standards.

Mercer, Kimberly, RN21141
Reprimand and Extension of Probation for violation of NRS 632.320 (14) violation of a Board order.

Morgan, Steven, CNA0005623
Certificate revoked for violation of NRS 632.320 (1) fraud or deceit.

Morton, Nancy, RN22743
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope; (27) customary standards.

Murphy, James, RN29299
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct.

Nelson, Robert, LPN Applicant Probation (Disciplinary) and Class for violation of NRS 632.320 (2) convictions.

Noel, Brenda, RN04580
License suspended for violation of NRS 632.320 (12) action in another state.

Peck, Jennifer, CNA012897
Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope.

Phillips, Catrina, CNA006199
Certificate reinstated and Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct.

Quicci, Linda, RN03756
Reprimand for violation of NRS 632.320 (14) violation of a Board order.

Rax, Lisa, LPN11444
License revoked for violation of NRS 632.320 (7) unprofessional conduct and one count NRS 632.320 (1) fraudulent application pursuant to NAC 632.890 (11)(27) positive drug testing violation and prescribing customary standards.

Riggs, Michelle, RN34385
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances.

Seaver, Patricia, RN13832
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Stephenson, Kendall, RN27296
Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope; (20) inaccurate recording.

VandenBos, Victoria, RN32970
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) convictions and NAC 632.890 (18) diversion.

Warren, Sandra, LPN11184
Agreement for Fine of $120 for violation of NRS 632.315 (1) practicing without a license.

Washington, Anthony, CNA014018
Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive drug screen.

Weaver, Ellengay, LPN10916
Agreement for Probation (Disciplinary) for violation of NAC 632.890 (11) positive pre-employment drug screen.

Williams, Ayanna, CNA012823
Agreement for Reprimand and Fine of $50 for violation of NAC 632.890 (38) practicing without a certificate.

Wiseman, Steven, LPN83397
Agreement for Reprimand for violation of NAC 632.890 (27) customary standards.

Yancey, Dawn, CNA10484
Reprimand and two-year extension of Probation (Disciplinary) for violation of NRS 632.320 (14) violation of a Board order.

Yenne, Dorothy, LPN8913
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope; (27) customary standards.

What are common types of disciplinary actions? When considering what kind of disciplinary action it should take, the Board always asks itself, “What is needed to make this person safe to practice?” The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person’s license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application
If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine
If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual’s practice.

Probation
If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension
If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender
This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation
If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada from a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.
National Recognition

Kudos to Nevada volunteers

The National Council of State Boards of Nursing (NCSBN) recently recognized Bobbi Leondike, RN, APN, who serves on the Board's Advanced Practice Advisory Committee. The National Council thanked her for serving as a member of the March NCLEX-PN examination item writing session.

NCSBN also commended the Board's Senior Licensure Specialist Bobbye Hicks for serving on its Test Service Technical Subcommittee; Board Vice President Patty Shutt for serving on its Item Review Subcommittee; and Board President Cookie Bible for chairing its Practice, Regulation and Education Committee and serving on its Committee on Nominations.

And in September, Chris Sansom, RN, the Board’s Associate Director for Practice, was recognized for her contributions to its new video and facilitation package on delegation.

Committee News

New members, manuals, practice decisions, and position statement

The Board is advised by and appoints members to several advisory committees, all of which have been very busy. The Nursing Practice Advisory Committee recommended, and the Board adopted, an updated telenursing practice decision that clarified that RNs licensed in Nevada provide telenursing to Nevada patients, which includes providing advice based on written physician protocols (which may include over-the-counter medications), other protocols, or guidelines approved by the medical staff.

The Board also adopted a pain management practice decision developed by the Practice Committee which establishes guidelines under which RNs may administer anesthetic agents for the purposes of pain management or moderate sedation. Also, the committee developed and the Board adopted a Position Statement on Domestic Violence, encouraging nurses and nursing assistants to position themselves to serve as a critical intervention point in the lives of abused victims.

The Advanced Practice Advisory Committee appointed a new member, David Burgio, RN, APN.

The CNA Advisory Committee reappointed members Terri Shoemaker, CNA; Beverly Fuller, CNA; Marcedes M. Parsons, LPN; and a new member, Diane Allen, RN.

It also completed a comprehensive revision of the CNA “Train the Trainer Manual,” with the assistance of Board Liaison Dorothy Perkins.

The Disability Advisory Committee reappointed members Patricia Green, RN; Rilo Weisner, MS, RN, C; Kariene Rimer, RN; Janet Waugh, RN; Susan O’Day, RN; and a new member, Sandra Hotchkiss, RN.