

# Nevada State Board of NURSING NEWS

March 2005

**Determining  
Your Scope  
of Practice**

**Do You Want  
To Be A CNA  
Instructor?**

**Remember,  
You Must  
Complete a  
Bioterrorism  
Course**

**Governor Appoints Three Members**





# UMC

IN ONE PRECISE MOMENT



A MOTHER HOLDS HER FIRST CHILD

A STROKE SURVIVOR TAKES A STEP ON HER OWN

A HEART PATIENT IS FLOWN IN BY CHOPPER

AND A DOCTOR SAYS, "SHE'S GOING TO BE FINE."

SOMETHING HAPPENS WHEN YOU PUT  
ELEVEN CENTERS OF EXCELLENCE IN ONE HOSPITAL:  
EVERY MOMENT IS CHARGED WITH MEANING.  
AND MIRACLES ARE ALL PART OF A DAY'S WORK.

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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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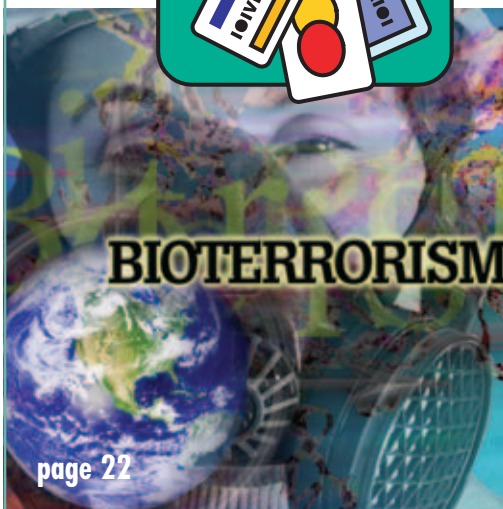
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**Cover photo:** Board members Doreen Begley, Helen Vos and Mary Ann Lambert. Photo by Amy Mazzucotelli

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# We All Have Something To Offer

**Patricia Shutt, LPN**

*President and LPN Member, Nevada State Board of Nursing*



**I BELIEVE THAT EACH LEVEL** of nursing has an important role in caring for the patient. This includes the different levels of RN education and the different LPN and CNA scopes of practice.

It is rewarding to meet a nurse who has worked from a CNA to the RN level, experiencing all the levels required to meet the needs of the patient.

Also, it is just as rewarding to meet all the levels and see individuals who have remained in one role/field and have experienced job satisfaction in that position.

CNAs, no matter what field they choose—hospital, home health, hospice, public/community health, extended care facilities—appear to be “the first line of defense.” We rely on them to report any unusual finding, whether it be to the LPN or RN.

Meanwhile, they are the ones who are able to spend more time with the patient and form a special bond of trust with the patient. Sometimes the patient doesn’t understand all the levels of nursing; they just understand this is a kind, caring, compassionate person helping them with ADLs.

The LPN role, while just as important, reminds me of a “middle man.” An LPN is someone who can do the role of CNA if one is not available, and also be a valuable assistant to the RN. An LPN can be a valuable contributing employee to the facility he/she works in by being flexible. They are the eyes and

ears to promote safe care to patients; they report directly, not only to the RN, but also to the physician. Their observations skills are invaluable to the care of the patient.

The RN remains the one most able to be flexible, but who also has the greatest opportunity for growth. He/she has many job opportunities awaiting with the ability to change areas of expertise. All the skills acquired in school are used, as also is the experience obtained with practice. They work with the patient but still cannot be everywhere, so they rely on help from the CNA and LPN.

During my nursing career, I have been very fortunate to meet and work with all—the RN, LPN, and CNA. I have met and worked alongside many dedicated individuals.

It has also been my fortune to see the students come through the facility where I’m employed—the LPN and RN students from CCSN, the RN students from UNLV, and most recently, the Nevada State College RN students. It is a pleasure to see these eager, bright students learning to perform nursing tasks. They’re anxious to start, look forward to their careers, and I feel they will be contributing immensely to the future of nursing.

We all have something to offer, and need to continue to work together. I sincerely believe this is possible, no matter how the future of nursing evolves.

## 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

**March 16, 17, 18, 2005—Reno**

**May 18, 19, 20, 2005—Las Vegas**

**July 13, 14, 15, 2005—**  
Annual business meeting

**September 14, 15, 16, 2005—**  
Las Vegas

**November 16, 17, 18, 2005—Reno**

## ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's web site and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's web site or call the Reno office for an application.

## MEETINGS AND OPENINGS

*The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas, except for the Disability Advisory Committee.*

### Advanced Practice Advisory Committee (none)

May 10, 2005  
August 16, 2005  
November 1, 2005

### CNA Advisory Committee (two)

May 11, 2005  
August 17, 2005  
November 9, 2005

### Disability Advisory Committee (two)

Recent appointments: Cookie Bible, BSN, RNC, APN  
April 15, 2005—Las Vegas  
October 7, 2005—Reno

### Education Advisory Committee (one)

Recent appointments: Lisa Kless-Kern, MSN, RN  
April 29, 2005  
July 29, 2005  
November 4, 2005

### Nursing Practice Advisory Committee (none)

April 13, 2005  
June 8, 2005  
August 10, 2005  
October 12, 2005  
December 7, 2005

# REACH RECRUIT RETAIN



## THE NEVADA BOARD OF NURSING MAGAZINE SCHEDULE

- May 2005
- August 2005
- November 2005
- February 2006

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## BOARD TALK

### COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Reno office.

### 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.



# Governor Appoints Three Board Members

## *New member Doreen Begley joins reappointed members Helen Vos and Mary Ann Lambert*

**GOV. KENNY GUINN** recently appointed Doreen Begley, a nursing clinic director for the University of Nevada, Reno, to the Nevada State Board of Nursing. He also reappointed nursing executive Helen Vos and university nursing professor Mary Ann Lambert. Begley replaces nurse practitioner and veteran Board member Cookie Bible, whose second four-year term expired in October.

The seven-member 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.

### **Doreen Begley, MS, RN**

#### **RN Member**

Begley is director of the Orvis Nursing Clinic at the University of Nevada, Reno. She spent the majority of her 35 years in the profession as an emergency nurse, including serving a seven-year term on the Board of Directors for the National Emergency Nurses Association. After earning her diploma from the Los Angeles County General Hospital School of Nursing in 1970, Begley began her career as an emergency department nurse at the University of California, San Francisco, Moffitt Hospital.

Her clinical experience includes emergency nursing positions at San Francisco General Hospital; Tahoe Forest Hospital in Truckee, California; Maui Memorial Hospital in Hawaii; Northern Nevada Medical Center, and Washoe Medical Center. A published author and experienced presenter, Begley earned her bachelor's degree in health science from the College of St. Francis, Joliet, Illinois, in

1994; and a master of science degree in health services administration from the University of St. Francis in 2000.

In 2001, Begley accepted the newly created position of



**Doreen Begley, MS, RN**

nurse executive for the Nevada Hospital Association. In that role, she established and directed the Nursing

Institute of Nevada, a statewide collaborative formed to address nursing shortage issues in Nevada. The Institute played a key nursing advocacy role in the successful effort to double the state's nursing school enrollment.

Begley said her background and experience has helped shape the perspective she brings to her new role as a Board member: "I think of myself as a fair person, capable of listening to all sides of an issue and coming to a reasonable conclusion. I have been a strong advocate for both patients and nursing colleagues throughout my entire career, and I look forward to being able to participate in the regulation and promotion of safe nursing practice for the citizens of Nevada."

## **Helen Vos, MS, RN**

### **RN Member**

Vos is the chief nursing officer for Mountain View Hospital in Las Vegas. She began her nursing career in 1974 as a staff nurse in the neurosurgical intensive care unit of the Medical College of Virginia in Richmond. Her experience includes positions as ICU charge nurse,



### **Helen Vos, MS, RN**

neuroscience clinical nurse specialist, director of clinical projects, clinical and quality services leader, nursing

consultant, and vice president of clinical services. Vos has spent much of her career working for university medical centers such as Baylor University in Dallas and the University of California at San Diego.

"I found my first four years on the Board a very rewarding, enlightening experience," Vos said. "One of the accomplishments I am most proud of is helping to foster effective communication and collaboration between the nursing community and the Board. I look forward to continuing to further those efforts. After all, we share the same goal of providing safe and quality nursing care for the citizens of Nevada."

Vos received her nursing diploma from St. Luke's Methodist School of Nursing in Cedar Rapids, Iowa; her bachelor of science in nursing from Coe College in Cedar Rapids; and her master of science from Texas Women's University in Dallas. A member of the American Association of Critical Care Nurses, the Nevada Organization of Nurse Leaders and the Sigma Theta Tau International Honor Society, Vos is a published author and is a national speaker on topics related to Neuroscience Nursing, Critical Care and Nursing Management.

## **Mary Ann Lambert, MSN, RN**

### **RN Member**

Lambert is an assistant professor of adult health nursing in the University of Nevada, Reno's Orvis School of Nursing. She is the undergraduate coordinator for the BSN and RN/BSN programs. Lambert is also nursing coordinator/house supervisor at Washoe Medical Center. Her nursing career spans 30 years and includes positions ranging from staff nurse to instructor to nurse manager to clinical nurse specialist.

"I have learned a great deal in the first four years and feel like now I can make even more of a contribution to regulation and nursing in the state of Nevada," Lambert said. "The contributions I've made have been mainly in the area of regulating nursing education, making it possible for Nevada's universities and community colleges to hire the faculty they need to double their enrollments. One of my goals this term is to find better ways to measure the success of nursing programs."

Before her appointment to the Board in 2000, Lambert served as a member of the Board's Nursing Practice Advisory Committee from 1998 to 2001. She is a member of the Nevada Nurses Association, Sigma Theta Tau International Nursing Honor Society, and the





**Mary Ann Lambert, MSN, RN**

American Association of Neuroscience Nurses. Lambert received the Orvis School of Nursing's Outstanding Faculty Award in 1999, and the Most Inspirational Faculty Award (given by Orvis graduating classes) in 1997, 1999, and 2002.

Lambert, who earned both her master's and bachelor's of science degrees in nursing from the University of Nevada, Reno, began her career at St. Mary's Hospital in 1971 as staff nurse. In 1976, she moved to Washoe Medical Center. 1979 marked the beginning of Lambert's teaching career, when she began working as a nursing instructor for Truckee Meadows Community College. In 1984, she left TMCC to join the University of Utah, Salt Lake City, where she taught nursing for two years, then became a nurse manager for the university's neurosciences units, where she stayed for eight years. Before coming back to Reno in 1996 to teach at the Orvis School of Nursing, Lambert worked for two years at the University of Minnesota's Hospital and Clinics as a clinical nurse specialist for neuroscience.

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# Q&A

## Determining Your Scope of Practice

### *There is no “list” of acceptable procedures*

Every day, the Board receives many calls and emails regarding scope of practice, ranging from whether a Nevada license is required to staff a telephone advice line to whether an LPN can perform intravenous therapy.

While the Nurse Practice Act and the Board's practice decisions do specifically address some of these questions (e.g. telenursing), there is no one “list” of acceptable procedures.

The Nurse Practice Act defines nursing in terms of applying the nursing process, teaching health care practices, and managing the practice of nursing.

To determine if providing a specific service or procedure is acceptable practice, both the specific circumstances involving the patient's condition and the competency of the nurse must be considered.

Published inside the Nurse Practice Act (revised May 2004) is a list of specific practice decisions (pages 91-95) and a guideline and decision tree for determining scope of practice (page 96-97). The guideline lists basic questions you should ask if you're trying to determine whether a practice is within your scope. If you can answer yes to all the questions, and other state or federal laws and regulations don't prohibit it, the practice is probably within your scope.

Here are answers to some of the scope of practice questions the Board is frequently asked.

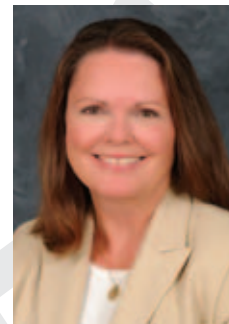
**Q**

**Do you need a Nevada license to staff a telephone advice line?**

**A**

Yes, if the patient is in Nevada. Here is the Board's practice decision on this topic:

An RN may practice telenursing, defined as the provision of nursing care or advice from a remote location through the use of telecommuni-



**Chris Sansom, RN**  
**Director of Operations**

*“Why won't the Board of Nursing publish a list of all approved skills for each nursing discipline?” This is a question we are frequently asked. In establishing the Nevada State Board of Nursing, the legislature declared the purpose of the Board was to regulate the practice of nursing and to enforce the provisions of the Nurse Practice Act. This does not mean dictating how your practice is implemented. The practice of nursing is constantly evolving to keep up with current technology and research. The Board does not want to be a roadblock to that progress. The “Determining Your Scope of Practice” algorithm was created to allow nurses to work with their chief nurse to develop policies and procedures that are consistent with current customary standards of nursing practice.*

cations equipment including, but not limited to, a telephone, teletype, facsimile machine or other equipment capable of transmitting a video image. Telenursing involves the use of comprehensive written protocols for potential implementation of treatment by nurses. The Nevada State Board of Nursing has established the following practice guidelines.

- 1) Only Registered Nurses, currently licensed in the State of Nevada, may practice telenursing in relation to patients in Nevada.
- 2) Per NAC 632.249, the nurse practicing telenursing must identify himself by name and title.
- 3) After completion of a nursing assessment of the patient, the nurse practicing telenursing may provide advice based on the use of written physician protocols (which may include over-the-counter medications), published reference guides or software protocols approved by the medical staff.
- 4) All telenursing interactions including, but not limited to, the collection of demographic data, health history, assessment of chief complaint, protocols followed, referrals and follow-ups, must be electronically recorded. (6/02)

## **Q Can an LPN administer flu shots in a clinic? How about nursing students?**

**A** They may be able to do so, under appropriate conditions. LPNs and nursing students have supervisory requirements that must be in place, and each must have documented competency to perform the nursing task.

Per NRS 632.017, an LPN must practice under the direction of a registered professional nurse, an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician. Therefore, an LPN must have an order and direction from one of these practitioners. If any assessment is required by the client prior to receiving the injections, an LPN is not qualified to perform this nursing function and would need to refer the client to the appropriate person.

Per NAC 632.252, a nursing student may administer injections if working in the capacity of an apprentice nurse in a health care facility, or a community health clinic, and working under the direction of a registered nurse who is present at the site. The nursing student may only perform those tasks that they have successfully demonstrated in their program of education.

## **Q May a CNA work as a medical assistant?**

**A** A CNA may choose to have a separate job as a medical assistant. However, the hours worked as a medical assistant do not qualify toward the 400-hour CNA renewal requirement. This applies even if the employer requires an employee to have a CNA certificate for a specific position (see related article on page 21). A CNA has a very specific and limited scope of practice. Medical assistant practice falls under the direction and supervision of a physician who is regulated by the Board of Medical Examiners.

## **Q What are the nurse's responsibilities in supervising medical assistants?**

**A** Nurses supervise non-licensed personnel daily in practice. Nurses may not delegate nursing care to unqualified or unlicensed personnel. However, they may assign tasks (see NAC 632.222 and NAC 632.224). However, if a nurse is supervising a medical assistant, the nurse is responsible and accountable for duties she assigns to the medical assistant.

## **Q May an LPN serve as the chief nurse and supervise RNs?**

**A** The answer lies both in the Nurse Practice Act and in facility regulations. Per NRS 632.240, nursing services must be supervised by a chief administrative nurse, who must be a registered nurse. Also, LPNs work under the direction of a registered nurse, not the other way around (see NRS 632.017).

Facility regulation (NAC 449.74517), enforced by the Nevada State Health Division's Bureau of Licensure and Certification, allows an LPN to work as the charge nurse in a facility for skilled nursing, but not as the chief administrative nurse. Here is the relevant text of that regulation:

**NAC 449.74517** Nursing Staff.

- (2) A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have:
  - (a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and
  - (b) Experience supervising other employees.



**Q Is a nurse qualified to make a determination of whether or not to initiate CPR if the patient does not have a DNR order?**

**A** The answer is no. If a patient in a medical facility does not have a “Do Not Resuscitate” order by a physician or a signed valid Advanced Directives form in his or her chart designating no CPR, the nurse must initiate CPR upon finding the patient without pulse and respiration. Failing to initiate CPR may be considered a violation of the Nevada Nurse Practice Act including but not limited to NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (24) failing to collaborate, (27) customary standards, (28) causing harm, and (33) abusing or neglecting a patient.

Registered nurses have been given the authority by the legislature to pronounce death and sign a death certificate, but only under very specific conditions. Here is the relevant text from NRS 440.415:

**NRS 440.415 Pronouncement of death by registered nurse: Conditions; release of body; regulations.**

1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or the registered nurses employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.
2. Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:
  - (a) Be a written order entered on the chart of the patient;
  - (b) State the name of the registered nurse or nurses authorized to make the pronouncement of death; and
  - (c) Be signed and dated by the physician.
3. If the patient is in a medical facility or under the care of a program for hospice care, the physician may authorize the registered nurses employed by the facility or program to make pronouncements of death without specifying the name of each nurse.
4. If a pronouncement of death is made by a registered nurse, the physician who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.
5. If a patient in a medical facility is pronounced dead by a registered nurse employed by the facility, the registered nurse may release the body of the patient to a

licensed funeral director pending the completion of the medical certificate of death by the attending physician if the physician or the medical director or chief of the medical staff of the facility has authorized the release in writing.

**Q May licensed nurses administer over-the-counter medications without a physician order?**

**A** If a person is employed as an RN or LPN, he or she can only administer medications (including over-the-counter) under the regulation that governs prescriptions—NAC 632.071 “Prescription” defined. According to that regulation, “prescription” means authorization to administer medications or treatment issued by an APN, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician in the form of a written or oral order, a policy or procedure of a facility, or a written protocol developed by the prescribing practitioner. So, an RN or LPN can only give over-the-counter medications with a prescription.

**Q Can LPNs do assessments in long-term care settings?**

**A** They can contribute to the assessment, just as they can in any setting, according to “Nursing Roles and Responsibilities” (page 98 of the Nurse Practice Act, revised May 2004). At the direction of an RN, APN, licensed physician, licensed physician assistant, or licensed dentist, an LPN can contribute to assessments of health status by (1) collecting, reporting, and recording objective and subjective data, (2) observation of conditions or change in condition, and (3) signs and symptoms of deviation from normal health status.

**Q May licensed nurses perform a task or duty assigned by a physician if the physician has given them direction to do so and has indicated they are “working under his license?”**

**A** Licensed nurses may only perform those duties and tasks that are within their scope of practice as defined by the Nevada Nurse Practice Act. Licensed nurses never work “under” anyone else’s license.



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## Local Points of Interest

- *Ruby Mountains*—this beautiful and majestic range of the Rocky Mountains is always in view.
- *South Fork State Recreation Area*—Nevada's newest park is 10 miles away and perfect for all water sports.
- *Ruby Lake National Wildlife Refuge*—is open year-round for limited hunting and unlimited fishing.

# Extending the Bridge from Education to Practice

## *Board adopts apprentice nurse guidelines for PN students*

Almost three years ago, the Board approved guidelines for health care facilities that wished to hire RN student nurses in apprentice positions. The resulting apprentice nursing programs proved so successful, the Board in November adopted a set of apprentice guidelines for practical nursing students. Those guidelines, developed by the Board's Education Advisory Committee, are printed here and can be found on the Board's web site under the link *Education*.

**An apprentice nurse is an RN or PN nursing student, currently enrolled in a Nevada nursing program. The apprentice nurse works at a health care facility providing nursing care following a Board of Nursing approved skills list. As apprentice nurses progress through their nursing programs, their ability to perform more of the approved skills increases. The Apprentice Nurse Program offers students the opportunity to practice their clinical skills and to acclimate to the role of the professional nurse.**

### Admission

Contributes to assessment of health status by:

- Advanced Directives
- Collecting/reporting/recording objective & subjective data

### AM care

Ambulation of patients

Answer call lights

Back rubs

Bathing patients (bed, assist, sponge, tub, shower, whirlpool)

Bathroom (assist with commode, bed pans, urinals)

Bed making

Bowel and bladder, assist with retraining

\*Cast care, routine patient care with RN assist

\*Catheters Suprapubic:

- Site care
- Emptying drainage bag

Charting, flow sheets

- Graphic/vital signs record
- Profile, admission data collecting
- Flowsheet, I & O
- Outpatient

Care of/assist with patient on specialty bed

Code - As appropriate (with basic CPR)

Contribute to patient assessment

Diet - Appropriate for age and diagnosis

- Feeding patients, verifying diet
- Assist with menus, passing trays

Discharging patients, assisting with Dressing and undressing

\*Dressing changes: sterile and non-sterile

- Surgical, simple (uncomplicated)
- Moist, unsterile
- Wet to dry

\*Enema (fleets, soap suds)

Oil retention

Errands as directed: supplies and equipment

\*Elastic stockings, measuring

- Application

\*Foley Catheter (insertion under supervision of licensed nurse and site care)

- Care of patient with Foley Catheter
- Emptying drainage bag
- Discontinuation
- Retention

HS care/PM care

Hair care (shampoo, brush, comb)

Harris flush

I & O (Also be able to follow

Contact, Droplet, Respiratory and Neutropenic)

Impaired mobility management, positioning/transferring

Intravenous Therapy

- Start peripheral line or peripheral access device with needles that are no longer than 3"
- Administer IV fluids without additives or medications
- IV site care
- Change a central venous catheter dressing
- Removal of peripheral line which is no longer than 3"
- Flush lock

\*Isolation - technique following guidelines (Standard Precautions)

\*Jejunostomy - gavages of existing tube

\*K-pad - administration and monitoring, use of

Linen, emptying

Medications

- May administer oral, intra-muscular, subcutaneous, otic, ophthalmic or nasal, tube or PCA medications
- May NOT administer intravenous medications (push, piggyback or additives)



- May NOT administer epidural medications

\*Nasogastric Tube (with the exception of weighted tip enteral feeding tube)  
Insertion

- Administer enteral tube & GT/PEG feeding
- Gastric suctioning

Observe condition or change in condition

Oral hygiene (conscious and unconscious patient)

- Brush, floss, denture care

\*Orthopedic devices (knee immobilizer, cervical collars, slings, crutches, CPM, etc.)

\*Ostomy

- Change bag, skin care

Orientation of patients to room/unit

\*Oxygen therapy (mask, nasal cannula, blow-by)

Patient Education

- Reinforcement of established written teaching plan

\*Patient weight/height (standing/chair/bed scale/sling)

\*Perineal care

Positioning patient in bed

Post Mortem Care - assist with care

\*Pulse Oximetry - record and report

Range of Motion (ROM) exercises

- Simple ROM

Rectal digital stimulation, under RN direction (not to perform on new paraplegics or quadriplegics)

\*Restraints/Safety Devices - apply, release/care of patient

Safety - fall prevention

- Care of patient, reporting

Seizure care - precautions, management

Shaving patients

\*Skin care

Pressure ulcer prevention

- Collect skin care related data

\*Specimen collection handling (non-manipulated)

- Respiratory secretions and sputum
- Rectal, stool
- \*Manipulated specimen collection: wound drainage, indwelling catheter

\*Staples - removal, with assist of licensed nurse

\*Steri-strips - application/removal

\*Suctioning - oral, nasal, tracheal

\*Surgical drains - Care of Jackson Pratt, J-Vac and JT-tubes

\*Suture removal

Tracheotomy care and suctioning

\*Traction equipment

- Setting up (trapeze only)
- Assist RN/LPN/PT with initial application
- Assist RN/LPN/PT with care of patient
- Reapply traction

Transportation of patients and equipment

Valuables and other property, appropriate care of

Vital signs (including apical pulse)

*\*Involves the use of special equipment and tools—follow manufacturer's instructions*

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## **TOLL-FREE CONSUMER HOT LINE**

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The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's web site.

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# Do You Want To Be A CNA Instructor?

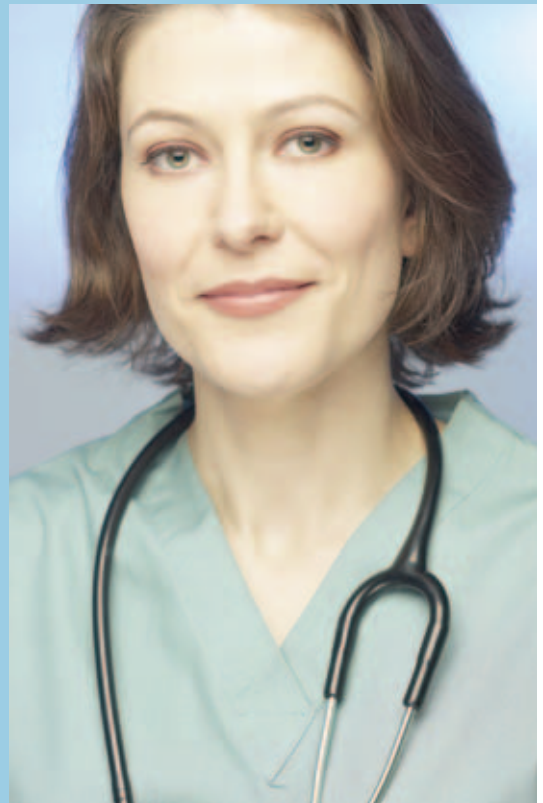
*Please check with the Board first*

If you're thinking about becoming an instructor for a CNA training program, please first contact the Board's Las Vegas office to learn if you will qualify for instructor certification.

***To become a certified CNA instructor, you must:***

- Hold a permanent RN nursing license in Nevada
- Have two years of nursing experience
- Have one year experience in the care of the elderly or chronically ill (must provide a letter on letterhead from a current or past employer verifying one year of experience in caring for the elderly or chronically ill)
- Have no disciplinary action, administrative action, or any complaints pending against your license
- Complete the Board-approved Train-the-Trainer course at the Community College of Southern Nevada, Great Basin College, or Truckee Meadows Community College\*
- Complete the instructor application
- Submit fee of \$100

\*The Board screens interested individuals for qualifications before they enroll in the Train-the-Trainer course



# Board Approves New CNA Skills

## List includes bladder scans and EKGs

After more than three years of research and discussion, the CNA Advisory Committee recommended the Board make several additions to the CNA Skills Guidelines.

Committee members testified at the November 17-18 Regular Board Meeting in Reno, giving the Board the background and rationale for adding the new skills.

Linda Dammeyer, MS, RN, and Vivencio (Junji) C. Navarro, Jr. MSN, RN, told the Board that the addition of the skills will push the quality of nursing care upward. "For example," Dammeyer said, "bladder scan availability helps patients avoid foley catheters." They also pointed out that all the skills the committee recom-

mended, and more, can be found in current CNA textbooks. Dammeyer is the director of the CNA training program at the Community College of Southern Nevada and Navarro is one of the program's instructors. Navarro is also employed at Silver Hills Health Care Center.

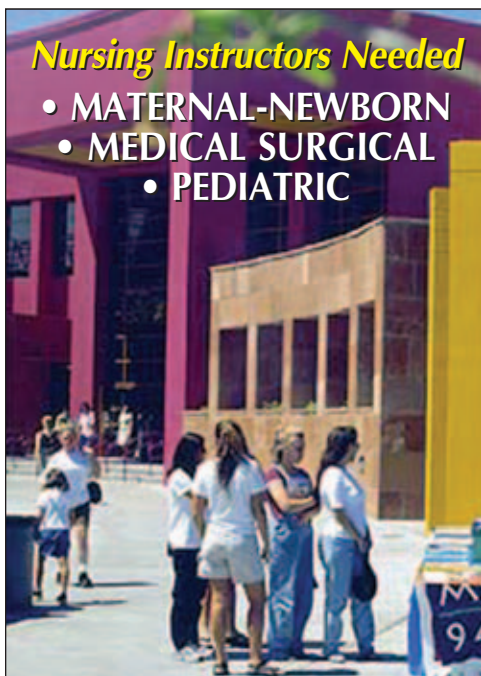
Board members, who had reviewed the committee's research and recommendations before the meeting, asked several questions regarding the skills and the training required to perform them. They then voted to add them to the CNA Skills Guidelines. The new skills are listed below. The entire list of skills is on the Board's web site, or can be obtained by contacting the Board's Las Vegas office.

- Perform bladder scan
- Perform EKG
- Apply monitor leads
- Adjust oxygen flow rate
- Apply dry sterile dressing
- CPR and Automated External Defibrillation

**Please note:** CNAs wishing to perform these tasks that were not included in their original training must receive further training and demonstrate competency before they can perform them. Contact your facility's nursing education or staff development director for additional information.

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# IMPORTANT FACTS ABOUT THE NEW CNA SKILLS

- The newly approved CNA skills have been incorporated into the Board's Model Curriculum used by Nursing Assistant Training Programs
- The Board also approved this process for a CNA to obtain these skills if they were not taught in the CNA's original training program:
  - The skills must be taught by the facility nursing education or staff development department/division
  - The skills must be taught by an RN, who is currently licensed in Nevada, has at least two years of experience as an RN, one of which must be in the care of the elderly or chronically ill
  - The RN does not have to be certified by the Board as a CNA instructor
  - A certificate of completion for each skill completed must be issued to the CNA from the nursing education or staff development department/division.
- Regarding the additional skills, please note:
  - Performing an EKG does not mean interpretation of the results
  - Placement of monitor leads does not mean interpretation of the rhythm results or performance of duties as a "monitor technician"
  - Application of a dry sterile dressing does not mean assessing the status of a wound or providing wound care
  - Adjusting oxygen flow rates means there has been a medical order received by the RN or LPN to make the adjustment; the task is then assigned to the CNA
  - Performing a bladder scan does not mean interpretation of the results
  - The individual CNA must possess the knowledge and competency to perform the skills

**As with all CNA skills, these additional skills can only be performed at the direction of an RN or LPN**

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# Quick Renewal Facts for CNAs

- You need to renew your certificate every two years.
- To renew your certificate
  - you must prove you worked 400 hours in your scope of practice as a CNA, under the direction of a licensed nurse (RN or LPN).\*
  - you must prove you completed 24 hours of inservice training
  - you must complete and submit your renewal application (available on the Board's web site) and submit it to the Board with the fee of \$50 on or before your expiration date
- In counties with populations of less than 10,000, CNAs who worked less than the required 400 hours may submit, as equivalent, additional hours of either in-service education or college credits earned while working toward a higher degree in nursing. Nevada counties with populations of less than 10,000 are currently Esmeralda, Eureka, Lander, Lincoln, Mineral, Pershing, Storey, and White Pine.
- Those of you who used your nursing fundamentals in lieu of a training program to qualify to take the certification test were "grandfathered" into the system using your nursing education. You must always submit your complete renewal application on or before your expiration date.

*\*Employers, please don't put your CNAs in a "Catch-22" position by requiring they have a CNA certificate to work as a monitor technician, transporter, EKG technician, rehabilitation technician, etc., without assigning them at least 400 hours of work as a CNA within the two-year renewal time frame.*

## DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Reno office. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Practice Advisory Committee to research the issue and make a recommendation.

## FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's 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).

## THE ACT IS ON THE WEB

The Board's web site [nursingboard.state.nv.us](http://nursingboard.state.nv.us) has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

# Remember, You Must Complete a Bioterrorism Course

## *Nevada law requires it*

As we've mentioned in previous issues of NSBN News, the 2003 Nevada legislature passed Assembly Bill 250, which requires that several types of health care professionals, including nurses, take four hours of continuing education "relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction."

The requirement went into effect for all nurses renewing their Nevada licenses after December 31, 2004. Four of the 30 continuing education credits required for your renewal must be earned in a bioterrorism course that meets the bill's requirements.

The bill specifies that the course of instruction must include:

- a. An overview of acts of terrorism and weapons of mass destruction;

### **Taking any CE course?**

**It doesn't have to cost you anything, but it must be offered by an approved provider.**





- b. Personal protective equipment required for acts of terrorism;
- c. Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- d. Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- e. An overview of the information available on, and the use of, the Health Area Network.

Completing a bioterrorism course which meets the requirements of the law is a one-time requirement of all RNs and LPNs with active Nevada licenses. Once the course is completed, it doesn't have to be taken again.

Beginning January 1, 2005, all nurses renewing their licenses must have completed this four-hour bioterrorism course as part of their CE renewal requirement. On that date, the Board's random CE audits began to include auditing for proof that renewing nurses have completed the bioterrorism course.

The four hours may be counted as part of the 30-hour CE requirement for RN and LPN renewal, and as part of the 45-hour CE requirement for APN and CRNA renewal. (Remember you must retain your CE certificates for four years, so that you have proof you met the CE renewal requirement in the event you are audited.)

While the legislature didn't mandate the course for CNAs, the Board highly encourages them to take it as part of their 24-hour in-service training renewal requirement.

When considering any continuing education course, please make sure that the CE provider is approved by the Board (see below). If it is not, it won't count toward the 30-hour renewal requirement. In addition,

If a continuing education provider is an academic institution or recognized by one of the organizations below, it is considered an "approved provider" by the Nevada State Board of Nursing. If a provider doesn't fall into one of those two categories, please call the Las Vegas office to verify the provider is approved by the Board.

- **American Association of Critical Care Nurses**
- **American Association of Nurse Anesthetists**
- **American Nurse Credentialing Center  
Commission on Accreditation**
- **National Association of Pediatric Nurse  
Associates and Practitioners**
- **National League for Nursing**

The Board's web site ([www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us)) has a brief listing of approved continuing education providers whose bioterrorism courses appear to meet the legislative intent for the bioterrorism classes. Please note that it is not a comprehensive list.

As you review the list and/or receive any mailings about other bioterrorism courses, please remember—you are responsible for ensuring the course you take meets the requirements of the law (see main article).

when reviewing a potential bioterrorism course, make sure the course content covers the subject matter mandated by the Nevada legislature. Be aware—many courses entitled "Bioterrorism" only cover one or two of the mandated subjects.

**If you took a bioterrorism course before January 1, 2005 and after**

**October 1, 2003, AND it met the requirements of the law, the Board will count that course as meeting your one-time requirement. Just make sure you keep a copy of the certificate in case you are audited.**

If you have any questions regarding this new requirement, please feel free to call the Board.

## BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing 5011 Meadowood Mall Way #201, Reno, NV 89502-6547; call 688-2620 (toll-free outside Reno calling area 1-800-746-3980); or email [reno@nsbn.state.nv.us](mailto:reno@nsbn.state.nv.us)



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## BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.



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## The Post Office Will Not Forward Your Renewal

### The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. Even if you've asked the post office to forward your mail, it will not forward your renewal application. You may use the address change form below, mail a signed letter to the Las Vegas office, or send an email to [lasvegas@nsbn.state.nv.us](mailto:lasvegas@nsbn.state.nv.us). Remember to include your name, license or certificate type and number, former address, current address, social security number, and date of birth. *If you choose to email us, please send a separate email to the Board rather than using an address change service.*

### Change of address form

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Type of License \_\_\_\_\_

License Number \_\_\_\_\_

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Former Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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Signature \_\_\_\_\_

Mail to: Nevada State Board of Nursing  
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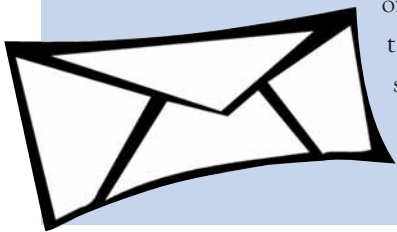


## Mailing List Reminder

### You can request to be removed

The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers.

If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.



Just send an email to [lasvegas@nsbn.state.nv.us](mailto:lasvegas@nsbn.state.nv.us) or mail a signed letter to the Las Vegas office. Please include your full name, address, and license or certificate number. If you choose to remove your address, you will still receive official Board communications such as this magazine, the *NSBN News*, but you will not receive the material sent by the organizations that purchase the Board's mailing list.



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# Disciplinary Actions

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

*The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of September 25, 2004 through November 18, 2004. Please note that this list does not include some outcomes of the November 17-18, 2004 Board meeting due to legal notice requirements. Those outcomes will be reported in the next disciplinary actions list. This list does include some outcomes of the May 19-21, 2004 and September 22-24, 2004 Board meetings that were not reported earlier due to legal notice requirements.*

## Settlement Agreements and/or Hearing Outcomes

**Castro, Erik, CNA011348**

Certificate revoked for violation of NRS 632.320 (14) failing to comply with Board order.

**Clear, Brenda, LPN11844**

License revoked for violation of NRS 632.320 (2) conviction.

**Cuevas, Rosemarie, RN29087**

License revoked for violation of NRS 632.320 (13) deceive, defraud a patient, (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

**Cole, Linda, CNA002135**

Order of Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (17) soliciting or borrowing money from a patient and (34) misappropriating the property of a patient.

**Deller, Beverly, CNA016819**

Reprimand and class for violation of NRS 632.320 (2) conviction.

**Devorss, Jennifer, LPN12141**

License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (10) positive drug screen on duty and (27) customary standards.

**Dillard, Maryanne, RN18279**

Agreement for Probation for violation of NRS 632.320 (5) controlled substances.

**Duclos, Melinda, RN32967**

Order of Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while ability impaired and (27) customary standards.

**Etcheberry, Jennifer, CNA016192**

Agreement for Probation for violation of NRS 632.320 (2) conviction.

**Frantti, Myra, RN18952**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording or falsifying and (27) customary standards.

**Gneiting, Bret, RN40605**

Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

**Hampton, Courtney, CNA017489**

Certificate revoked for violation of NRS 632.320 (14) failing to comply with Board order.

## ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

**Haynes, Geralynn, CNA015323**

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (34) misappropriation of a patient's property.

**Johnson, Jennifer, CNA013953**

Certificate suspended for violation of NRS 632.320 (14) failing to comply with Board order.

**Jones, Kathleen, RN13623**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing while

**Please do not use this list of disciplinary actions for verifying licensure or certification status. Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our web site or call the Las Vegas or Reno office.**

ability impaired and (10) positive drug screen on duty.

**Koehm, Adam, RN applicant**

Order of Probation for violation of NRS 632.320 (2) convictions.

**Koyen, Scott, RN43010**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances, (7) unprofessional conduct, and NAC 632.890 (18) diversion.

**Linehan, Dana, RN25746**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive drug screen on duty and (18) diversion.

**Neder, Gail, RN29472**

Agreement for Probation for violation of NRS 632.320 (5) controlled substances and (7) unprofessional conduct and NAC 632.890 (18) diversion, (20) inaccurate recording or falsifying records, and (27) customary standards.

**Peaden, Karen, CNA006619**

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

**Ponder, Patricia, RN16967**

License suspended for violation of NRS 632.320 (14) failing to comply with Board order.

**Rax, Lisa, LPN11444**

Agreement for Probation for violation of NRS 632.320 (5) controlled substances.

**Ryan, Patricia, LPN04746**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive drug screen on duty.

**Sherron, Connie, RN36283**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, NRS 632.320 (14) failing to comply with Board order, NAC 632.890 (16) failing to properly document the administration of a controlled substance and (18) diversion.

**Toney, Debra, RN30972**

Order of Probation and Reprimand for violation of NRS 632.320 (14) failing to comply with Board order.

**Turnbull, James, RN17501**

Order of Probation, including prohibition against direct patient contact, for violation of NRS 632.320 (2) conviction.

**Weaver, Ellengay, LPN10916**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and 632.890 (11) positive pre-employment drug screen.

**Weber, Michele, RN31227**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (2) practicing beyond scope, (18) diversion, and (27) customary standards.

## Denials of Applications for Licensure or Certification

**Dorsette, Anna, RN applicant**

**Gbenjo, Emmanuel, LPN applicant**

Applications denied 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.

**Lopez, Crystal, CNA applicant**

Applications denied 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.

## Findings of guilt for abuse, neglect or misappropriation placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

**Edge, Nikki, CNA014816**

**Quinn, Lanna, CNA016015**

Verbal/Physical Abuse

**Valena, Lowella, CNA015702**

**Wells, Sharon, CNA016934**

Verbal Abuse

## 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.

**Who can I call if I have questions about the complaint or disciplinary process?** The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Reno office and ask for one of the nurse investigators or the associate director for practice.



## Administration

5011 Meadowood Mall Way, Suite 201, Reno, NV 89502, 800-746-3980

### **Debra Scott, MS, RN, APN, Executive Director**

Statewide Liaison and Spokesperson  
Organizational and Public Management  
Fiscal and Human Resource Management  
Legislative and Governmental Relations  
APN Advisory Committee Chair  
Education Advisory Committee Chair  
Nursing Practice Advisory Committee Chair

### **Chris Sansom, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

### **Fred Olmstead, General Counsel**

Legal Counsel

### **Dean Estes, Accountant**

Budget, Accounting and Payroll  
Expense Reports  
Technology Support

### **Cindy Kimball, Public Information Officer**

Public Information and Education  
Consumer Relations  
Newsletter, Web Site, Publications

### **Teri Troke, Executive Assistant**

Assistant to the Executive Director  
Scheduling  
Board Meeting Agenda and Arrangements  
Nurse Practice Act Publication

## Program Staff

5011 Meadowood Mall Way, Suite 201, Reno, NV 89502, 800-746-3980  
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726

### Investigations and Monitoring (Reno)

#### **Linda Aure, BSN, RN, C, Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Lark Muncy, RN, Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Robert Buck, BSN, RN, Application Coordinator**

Application Review  
Fraudulent Application Screening  
APN Certification

#### **Kathleen Reynolds, BHS, RN, Compliance Coordinator**

Disability Advisory Committee Chair  
Disability Advisory Committee Scheduling  
Probation and Alternative Program Monitoring

### Licensure (Las Vegas)

#### **Bobbie Hicks, Senior Licensure Specialist**

Endorsement and Examination Applications  
Renewal Applications  
Licensure Eligibility Questions  
Continuing Education Providers  
Foreign Nurse Graduates and Licensure Issues

#### **Sarah Long, Licensure Specialist**

Licensure Eligibility Questions  
Renewal Applications  
Endorsement Applications

### Certification (Las Vegas)

#### **Patty Towler, Certification Specialist**

Las Vegas Office Daily Operations  
CNA Registry Maintenance  
CNA Certification and Renewals  
CNA Program and Instructor Approvals

#### **Kris Sanchez, Certification Clerk**

CNA Registry Maintenance  
CNA Certification and Renewals

### Support

#### **Susan Lang, Management Assistant (Reno)**

Assistant to the Director of Operations  
Discipline Investigative Support  
Board Meeting Preparation  
NURsys Data Entry

#### **Eve Tidwell, Management Assistant (Reno)**

Discipline Investigative Support  
Yes Answer and Fraudulent Applications Processing  
Board Meeting Preparation  
Disability Advisory Committee Scheduling

#### **Sherrie Frederick, Receptionist (Reno)**

Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications  
Nursing Personnel Lists

#### **Crisandra Eastmond, Receptionist (Las Vegas)**

Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications



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- Nuclear Medicine
- PACU
- Pediatrics
- PSICU
- Rehab
- Trauma Nurse
- Triage Nurse
- Cath Lab Recovery
- Peds Oncology
- Nurse Managers

### LPN

- Ortho-Neuro
- Pediatrics
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