

Nevada State Board of NURSING NEWS

March 2007



What Has The Board Done Lately?

**Board Revises
Procedural Sedation
Practice Decision**

**CE Requirement—
Don't submit a
fraudulent application!**

**Health Care Policy—
How you can get involved**

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.

UMC
UNIVERSITY MEDICAL CENTER
THE SYMBOL OF EXCELLENCE

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

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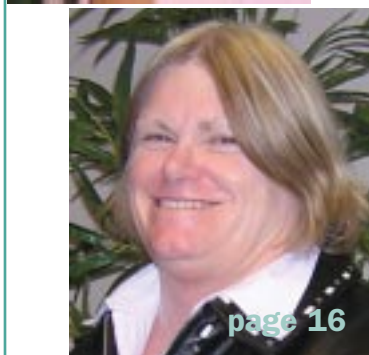
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On the Cover

Photographs of Nevada Legislative Building and Assembly Chamber Floor by Marilyn Maxfield, courtesy of the Legislative Counsel Bureau.

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Circulation includes more than 30,000 nurses, nursing assistants and student nurses.



My Challenge To You— Get Involved!

A message from the executive director

Nursing fundamentals was a trying time for me. I was a “mature” student when I went to nursing school and, as many of you might know, it can be difficult to learn a new way of thinking—which, for me, was the most difficult part of nursing school. Thankfully, the faculty gave us a framework to guide us in how to start thinking like a nurse—the nursing process.

One of my most unforgettable moments during my first semester of nursing school was during my first performance review with my clinical instructor, Sarah. She commented on her perception of how I was approaching my new role as a nursing student. She said, “You walk around the pool and walk around the pool, but you have a hard time jumping in. You will never reach your potential if you don’t jump in with both feet and learn to swim.” I have often contemplated her message while making decisions and choices in my profession and, based on where I have landed, I believe I have learned to swim—and to tread water quite nicely.

We are now in the 2007 Legislative session, which began on February 5, and will last at least 120 days. I challenge you to “jump into the pool and swim.” Christopher Reeve made an even more challenging suggestion—“Either you decide to stay in the shallow end of the pool or you go out in the ocean.”

How can we, as nurses, get involved in the decision-making process which shapes the direction of our profession? The article on page 7 of this issue of NSBN News gives you very clear direction on the steps to take and what opportunities are available to you to get involved. My message to you this quarter is not how you can get involved, but why you should get involved.

First, if you don’t get involved, you don’t get to complain. As Board staff, we could provide pages of anecdotal information on nurses who complain, “. . .but I didn’t know.” or “No one told me . . .” I had one nurse tell me yesterday that the only part of the NSBN News that she reads is about the “bad nurses”—as she called them—in the back of the magazine. She said that she didn’t have the time nor the focus to read the rest of the publication. And, as often happens, it came back to bite her—she was unaware that nurses are required to take a refresher course if they haven’t practiced for five years, so she did not meet the requirements to renew her license. Having this information would have allowed her to maintain her active license by simply working in the profession during the previous five years, even in a volunteer role.

Second, women—and the majority of nurses are still women—are notorious for being passive and letting things happen to them rather than initiating change. The fury about the nursing shortage in some cases has been blamed on nurses and we do have a responsibility in encouraging and educating others in the nature and rewards of our profession. My angst comes when we let others believe that they need to make changes to make it better for us. Where are we in choosing the direction and making the needed improvements in practice, education, regulation, and fostering professional self-respect when it becomes evident that nursing must come into the technological, ever-changing 21st century? Do we truly believe Gallup’s annual list of occupations on which nurses top the list of the most honest and ethical professions? Is there a more profound basis for professional self-respect?

Third, when we get involved, we can have control over how the change occurs. Nurses and other stakeholders may have similar goals—for example, to enhance access to competent health care providers—but the method of meeting that goal may not always coincide. We need to be involved in the planning stages and the ultimate outcomes of how change occurs to incorporate the nursing perspective so vitally important to successful implementation. Human nature demands being part of the process.

Fourth, we create an excellent opportunity to network and collaborate with other nurses and stakeholders to forward the profession of nursing in meeting the goal which undergirds our reason for being—patient advocacy.

And, finally, in getting involved, we provide excellent role modeling for those new to our profession or those who are contemplating joining our profession, in diplomacy, assertiveness, and leadership.

Read the article on page 7 to learn the various opportunities open to you. Start today with a toe in the surf, very soon you may be diving from the top of the cliffs.

Debra Scott, MSN, RN, APN
Executive Director



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Board Helps Address Faculty Shortage

Policy granting waiver of MSN requirement for clinical faculty extended to bachelor degree programs

The Board at its November 15-16 regular meeting voted unanimously to accept revisions to its *Request for waiver of faculty education requirements* policy. The Board had requested the policy changes be brought forward when, at its September meeting, it decided not to pursue such changes in regulation.

The policy, which grants the Board's executive director authority to waive the requirement for a masters of science in nursing degree for clinical faculty, includes two major changes:

- The type of programs the waiver covers now includes those that lead to a bachelor of science in nursing, in addition to associate degree in nursing programs
- The number of years of clinical nursing experience a faculty member hired under the waiver must possess was decreased to five from seven

In making these changes, Board members said they wanted to provide a tool that would help nursing education programs solve the state's nursing faculty shortage without compromising the education of Nevada's nursing students.

The Board thanked the many different individuals and groups, including legislators, educators, and business and nursing leaders, who worked diligently on this issue, bringing their differing perspectives and backgrounds to enrich the discussion and craft a solution that will not only help solve a critical shortage, but will also help protect the health, safety, and welfare of Nevada's citizens.

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 14-16, 2007 - Reno

May 9-11, 2007 - Las Vegas

July 11-13, 2007 - Annual Business Meeting - Zephyr Cove

September 12-14, 2007 - Las Vegas

November 7-9, 2007- 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 website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website 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 (two)

Recent reappointment and appointment: Phyllis Suiter, MA, RN, APN; Ronnie Wing, MSN, RN, CRNA

May 29, 2007

August 28, 2007

November 13, 2007

CNA Advisory Committee (three)

Recent appointments: Leslee Hoffer, RN, HCC III; Elizabeth Mongeau, BS, RN

May 3, 2007

August 2, 2007

November 1, 2007

Disability Advisory Committee (one)

Recent reappointment and appointment to conceptual status: Deborah E. Martz, RN; Karienne Rimer, RN

April 20, 2007 – Las Vegas

October 19, 2007 – Reno

Education Advisory Committee (three)

Recent reappointment and appointments: Nancy Bridges, RN, CCM; Dawn Adams, RN; Rhoberta Jones Haley, PhD, RN, FNP

April 27, 2007

August 3, 2007

November 2, 2007

Nursing Practice Advisory Committee (two)

April 10, 2007

June 5, 2007

August 14, 2007

October 2, 2007

December 4, 2007

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 the 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 Board.

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.



Health Care Policy— *How you can get involved*

Nurses have helped shape health care policy in the United States for more than a century. They have done so as individuals, as members of associations, as members of nursing boards, as regulators, and as legislators and other government officials.

As you read in the last issue of the *NSBN News*, it was the Nevada State Nurses Association that pushed for, and eventually secured, the passage of a bill establishing the Nevada State Board of Nursing in 1923. That bill charged the Board with carrying out the laws passed by the legislature (Nevada Revised Statutes, Chapter 632).

Since that time, the legislature has

passed hundreds of laws that affect how nursing is practiced in Nevada, including statutes that authorized the Board to regulate RNs, LPNs, CNAs, APNs, CRNAs, EMS-RNs, and nursing education programs.

In many cases, the Board adopts regulations, in accordance with the state's Administrative Procedures Act, to implement the laws passed by the legislature (Nevada Administrative Code, Chapter 632).

Together with the Board's practice decisions, the laws and regulations constitute the Nurse Practice Act, which governs the practice of every nurse and

nursing assistant who holds an active Nevada license or certificate.

To ensure it fulfills its mission to protect the public's health, safety, and welfare, the Board uses the "Guiding Principles for Nursing Regulation" (see sidebar on page 9) whenever it considers changes to Nevada's Nurse Practice Act.

How you can get involved

The opportunities for nurses and CNAs to get involved in the process that leads to those changes are many and varied. The chart on page 10 gives a brief overview of the legislative, regulatory, and decision-making processes and the opportunities at each level for involvement and influence.

Most of the changes to laws, regulations, and practice decisions proposed by the Board originate in research done by one of its advisory committees.

All Board and committee meetings are open to the public and their agendas are posted on the Board's website and at community sites. Committee membership is open to qualified volunteers; an application form is available on the Board's website or by calling the Board office.

Many of the agenda items on the Board's advisory committee meetings are proposed by individual nurses and nursing assistants or other stakeholders such as educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations.

Often, the Board will accept a committee recommendation to revise a practice decision or regulation. When the Board adopts a practice decision, it becomes effective immediately. When the Board



Photograph of the Nevada Senate Chamber by Marilyn Maxfield, courtesy of the Legislative Counsel Bureau.

National Council of State Boards of Nursing Guiding Principles for Nursing Regulation

1. **Advocacy:** Nursing regulation exists to protect the public in the delivery of nursing service.
2. **Competence:** Nursing regulators are responsible for establishing licensure and competency requirements for all levels of nursing practice. Nursing regulators assess competency at the initial licensure/entry level and periodically for license renewal. This includes competency assessment for experienced registered, practical, and advanced practice nurses, as well as nursing assistants. Nursing regulators also establish the licensure and competency requirements for internationally educated nurses and provide direction that will assist in the safe transition of these nurses to practice in the United States.
3. **Collaboration:** Nursing regulation requires collaboration with multiple individuals and agencies in the interest of public protection, patient safety, and the education of nurses.
4. **Strategy:** Nursing regulation considers both current practices and anticipated demographic, social, research, and technological advances.
5. **Responsiveness:** Nursing regulation requires timely and thoughtful responsiveness to evolving marketplace needs. Assuring appropriate scope of practice clarity and congruence with community needs for nursing care are essential.
6. **Data:** Nursing regulators access and use available data and performance measures to develop evidence-based regulation. Identification of critical elements, quality indicators, and key data tracking are essential tools for creating effective regulation.
7. **Globalization:** Nursing regulation occurs at the state level, and concurrently, works to standardize regulations and access to licensure from a global perspective.

decides to pursue a regulation, it must go through the public process outlined in the chart on page 10.

While there are many ways to get involved, the Board encourages you to first learn as much as you can about the issues you are interested in, and then pursue the avenues the Board has established for you to share your knowledge and make your views known.

If you have time to commit to one of the toughest volunteer positions in the state, you may want to apply for an appointment as a Board member. The governor appoints members to four-year terms. The application is on the governor's website at <http://gov.state.nv.us>. A list of current Board members and terms are on the Board's website.

If you don't have time to volunteer as a Board member, you may want to apply for an appointment as a member of a Board advisory committee. A list of openings and an application form is on the Board's website.

If you don't have time to volunteer as a

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*Pending full WASC approval

committee member, then you may want to consider attending a committee or Board meeting or public workshop.

If you don't have time to attend a meeting or workshop, consider sending an email or writing a letter to the committee chair, requesting the committee consider your issue at a future meeting.

If you're really pressed for time, you can keep up with the Board's activities by visiting the website and reading the Board and committee meeting minutes and agendas and its annual reports. And of course, you can read the *NSBN News* every quarter.

Active participation of nurses and CNAs helps the Board set policies and pursue revisions that help keep the Nurse Practice Act current and nursing practice safe within the rapidly changing modern health care environment.

How the Board is involved

The Board participates in the legislative process in several ways. If the Board believes the Nurse Practice Act needs revision, it can sponsor a bill itself, or request a legislator sponsor a bill. Also, a legislator, legislative committee, or another government agency may introduce a bill that changes nursing law.

The Board is not sponsoring a bill in the 2007 legislative session. Represented by its executive director and legislative liaison, it is working with legislators, government representatives, and other key stakeholders to help ensure that any proposed legislation fits within the Board's mission to protect the public's health, safety and welfare through effective nursing regulation.

The Board's role is different from the role of professional associations

Other nursing-affiliated groups, such as the Nevada Nurses Association (NNA), are also actively involved in the legislative and regulatory processes. While the Board is a government agency charged with public protection, nursing associations advocate for the profession of nursing. Associations also get involved in a broad range of nursing-related issues that are not within the Board's jurisdiction, such as those pertaining to employment, insurance, public health, and the operation of health care facilities.

The Board's role

To be effective in your efforts to influence public policy, you need to identify the agencies and/or organizations responsible for carrying out the policies you seek to influence.

The role of the Board is often confused with the role of nursing associations. It is also confused with the role of other governmental bodies. We hope this brief list will help clear up some of the confusion and help you direct your efforts where they will be most effective.

THE BOARD IS a governmental body responsible for protecting the public.

THE BOARD IS NOT a membership organization for nurses or CNAs. Such organizations are responsible for protecting the profession of nursing and setting standards of practice.

THE BOARD IS responsible for enforcing the laws, regulations, and practice decisions that regulate the practice of nursing, the Nevada Nurse Practice Act. It is on our website or available for purchase (see page 17).

THE BOARD CANNOT independently change the law (statutes). Only the Nevada State Legislature can make changes. For a list of state senators and assemblymen, visit the legislature's website at www.leg.state.nv.us, or call the legislature at 1-800-992-0973.

THE BOARD IS responsible for adopting regulations which establish minimum legal standards for safe practice and clarify or explain statutes.

THE BOARD DOES NOT make or change regulations in secret. It is a public process that includes initial research and discussion by a Board advisory committee, Board review, a public workshop, a public hearing, a review of the proposed regulations by the Legislative Counsel Bureau, and approval by the Legislative Committee on Health Care and the Legislative Commission.

THE BOARD REGULATES the scope of nursing practice as defined in law of all registered nurses, licensed practical nurses, advanced practice nurses, certified registered nurse anesthetists, and certified nursing assistants.

THE BOARD DOES NOT REGULATE conditions of employment, such as hiring and firing, shift assignment, staffing levels, or discipline imposed by an employer.

THE BOARD REGULATES the practice of licensed nurses and certified nursing assistants in all practice settings.

THE BOARD DOES NOT REGULATE hospitals, nursing homes, home care organizations, nor any other health care facility which may employ licensed nurses or certified nursing assistants. The state's Board of Health has jurisdiction over health care facilities, through its Bureau of Licensure and Certification. If you wish to file a complaint against a health facility, call the bureau at 775-687-4475 (Carson City) or 702-486-6515 (Las Vegas).

NURSE PRACTICE ACT

LAWS*

(Nevada Revised Statutes Chapter 632)

Idea

Ideas for legislation come from government, elected officials, businesses, lobbyists, and citizens.

Drafting

A request for a bill draft is made by legislators, legislative committees, the governor, state agencies, and local governments. Legislative Counsel Bureau prepares bill draft.

Introduction and First Reading

Bill is submitted by Senate or Assembly member, numbered and read for first time, assigned to committee, and printed.

Action in the House of Origin

Committee

A committee holds a hearing to take testimony and gather information about the bill. It may recommend the house pass a bill as written, pass with amendments, or not pass it at all.

Second Reading Before the Full House

A bill given a "Do Pass" recommendation is read a second time and placed on General File for debate and vote. A bill that is given an "Amend and Do Pass" recommendation is read a second time, amended, and reprinted before being placed on the General File for action.

Floor Debate and Vote by the Full House

Bills are read a third time and debated. Roll-call vote follows. Passage of most bills and joint resolutions requires 11 votes in Senate and 22 in Assembly. If passed or passed with amendments, the measure is sent to the second house.

Action in the Second House

First Reading

Bill is read for the first time and referred to committee.

Committee

Procedures and possible actions are identical to those in the first house.

Second Reading Before the Full House

If passed by committee, bill is read a second time and placed on the daily file (agenda) for debate and vote.

Floor Debate and Vote by the Full House

The procedure is identical to that in the first house. If the second house to consider a bill passes it without amendment, it is sent to the governor. If the second house amends a measure, it is returned to the house of origin for consideration of the amendments.

Role of the Governor

The governor may sign the bill into law, allow it to become law without his signature, or veto it. A vetoed bill returns to the house of origin for a possible vote on overriding the veto, which requires a two-thirds majority of both houses. Measures become effective October 1 in the year of the legislative session, unless otherwise specified in the bill.

REGULATIONS

(Nevada Administrative Code Chapter 632)

Idea

Ideas for regulations come from Board members and staff, Board advisory committees, other regulatory boards, nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations.

Drafting

The Board submits a draft to the Legislative Counsel Bureau for review, and if necessary, amendment, to ensure the proposed regulation meets legal requirements.

Public Workshop(s)

The Board holds a public workshop(s) to solicit comments on the proposed regulation. Also, written comments sent directly to the Board office are accepted and considered.

Public Hearing

The Board holds a public hearing to consider all public comments received before and at the hearing. It then debates the issues, and votes to adopt (with or without amendment), or not to adopt, the proposed regulation.

Legislative Health Care Committee

The Legislative Counsel Bureau reviews the adopted regulation (and any amendments) to ensure it meets legal requirements, and if so, forwards it to the Health Care Committee for approval/disapproval.

Legislative Commission

If approved by the Health Care Committee, the regulation is forwarded to the Legislative Commission for approval/disapproval.

Secretary of State

The Secretary of State codifies the approved regulation; it becomes effective on the date it is incorporated into the Nevada Administrative Code.

PRACTICE DECISIONS

(or Advisory Opinions)

Idea

Ideas for practice decisions come from nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations. Often, the idea will come in the form of a practice decision request; a request form is available on the Board's website.

Research and Recommendation

In many cases, the Board's Nursing Practice Advisory Committee will receive a practice decision request and place it on a committee agenda. In some cases, the issue may be more appropriate for consideration by another of the Board's five advisory committees. The committee considers the request or issue at its public meetings. It will solicit member and public input, and may assign a member or create a task force to do research on the issue. After thorough consideration and discussion, the committee members vote on whether to recommend the Board adopt the practice decision.

Board Decision

At a regular, public meeting, the Board considers the recommendation made by an advisory committee or by Board staff to adopt the practice decision. It takes testimony from interested parties, reviews the research, debates the issues, and votes to adopt (with or without amendment), or not to adopt, the practice decision.

Effective Date

If the Board votes to adopt the practice decision, it becomes effective on the date of the vote.

Board decisions are generated per NAC 632.935 Advisory opinion or declaratory order. (Please note the terms Practice Decision and Advisory Opinion are interchangeable.)

When the laws, regulations, and practice decisions become effective, they become part of Nevada's Nurse Practice Act, published on the Board's website and available for purchase (see page 17).

*Adapted from the Nevada State Legislature's website www.leg.state.nv.us. The Board encourages you to visit the website. It contains a wealth of information, including a helpful tool to find and contact your legislators, the text of all bills once they are printed, a list of legislative committees and their members, committee agendas and minutes, and even a way to listen and/or view the legislature live.



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Haven't Practiced For Five Years?

Nurses must take a refresher course

According to NAC 632.192 (4):
An applicant for renewal of a license who has not practiced nursing during the immediately preceding five-year period must complete a course or program approved by the board if he has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS.

For more information and a list of approved refresher course providers, please visit the Board's website or call the Board office.

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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 the Board, 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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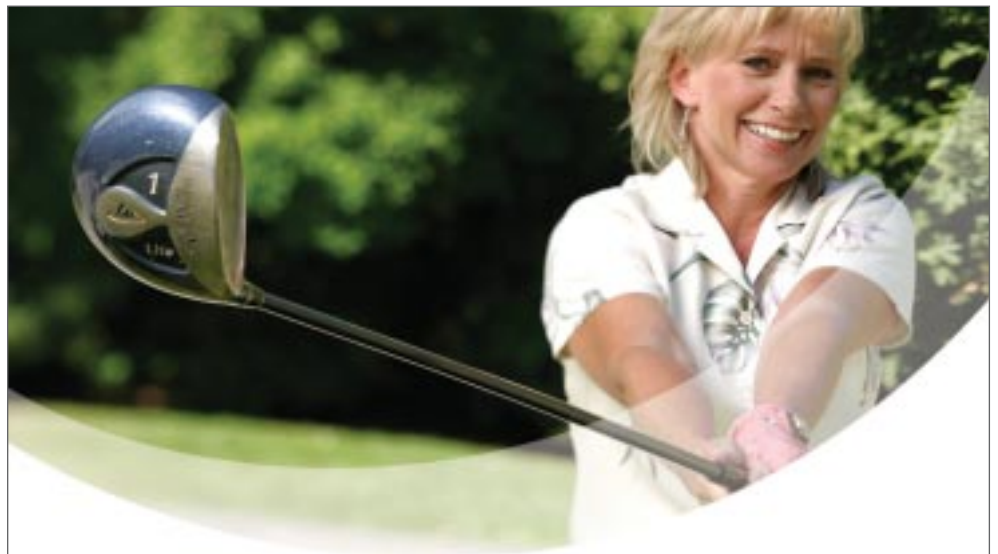
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Board Revises Procedural Sedation Practice Decision

Language strengthened to require on-site availability of emergency personnel, equipment

The Board at its January meeting voted to adopt revisions to its Procedural Sedation Practice Decision to strengthen the language regarding the necessity of having back-up personnel for airway management, resuscitative and emergency intubation, and of emergency equipment. In addition to accepting the recommendations by its Nurse Practice Advisory Committee, and after accepting public testimony from the Nevada State Society of Anesthesiologists, the Board added the words “on-site” to indicate that “immediate availability” meant the emergency personnel and equipment must be located on the site where the procedure is taking place.

We’ve printed the entire text of the practice decision below; the italics indicate additions and the strikeouts indicate deletions. The revised Procedural Sedation Practice Decision is available on the Board’s website.

Procedural Sedation Practice Decision

There are multiple sedation and anesthetic agents that cause profound changes in respiratory status even at low doses. Some of these medications do not have reversal agents and require the support of competent clinicians in advanced airway management. Licensed Professional Nurses (RNs) who administer these agents should be qualified to rescue patients whose level of sedation is deeper than intended or those who enter the state of general anesthesia.

RNs may administer medications for the purpose of induction of sedation for short-term therapeutic, diagnostic or surgical procedures (procedural sedation). Authority for RNs to administer medications is derived from NRS 632.220. This places no limits on the type of medication or route of medication; there is only the requirement that the drug be ordered by one lawfully authorized to prescribe.

COMPETENCIES

Specifically, the registered nurse must

be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. In administering medications to induce procedural sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to:

- effects of the medication, potential side effects of the medication,
- contraindications for the administration of the medication, and
- the amount of the medication to be administered.

The requisite skills include the ability to:

- competently and safely administer the medication by the specified route,
- anticipate and recognize the potential complications of the medication,
- recognize emergency situations, and
- institute emergency procedures.

Thus the RN ~~shall would~~ be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. The institution ~~shall should~~ have in place a process for evaluating and documenting the RN’s demonstration of the knowledge, skills and abilities for the management of patients receiving agents to render procedural sedation. Evaluation and documentation of competency ~~shall should~~ occur on an ~~annual periodic~~ basis.

SAFETY CONSIDERATIONS

The safety considerations for procedural sedation include: continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate and level of consciousness. The RN ~~shall will~~ ensure the immediate, *on-site* availability of *back-up personnel for airway management, resuscitative and emergency intubation* and of emergency equipment which contains resuscitative and antagonistic medications, airway and ventilatory adjunct equipment, defibrillator, suction and a source for administration of 100%

oxygen. The RN administering agents to render procedural sedation ~~shall would~~ conduct a nursing assessment to determine that administration of the drug is in the patient’s best interest. The RN ~~shall would~~ ensure that all safety measures are in force, ~~including back-up personnel skilled and trained in airway management, resuscitation and emergency intubation, should complications occur.~~

MANAGEMENT OF NURSING CARE

The RN is held accountable for any act of nursing provided to a patient. The RN managing the care of the patient receiving procedural sedation shall not leave the patient unattended or engage in tasks that would compromise continuous monitoring of the patient by the registered nurse. The ~~complex registered~~ nursing functions, including vital signs, ~~shall may~~ not be assigned to unlicensed assistive personnel. ~~The RN is held accountable for any act of nursing provided to a patient.~~ The RN has the right and obligation to act as the patient’s advocate by refusing to administer or continue to administer any medication not in the patient’s best interest.

RESOURCES:

Conscious Sedation, California Nurse Practice Act, NPR-B-06

AORN Recommended Practices for Monitoring the Patient Receiving Intravenous Sedation, Association of Operating Room Nurses, Inc.

Position Statement on the Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures, American Nurses Association

Qualified Providers of Conscious Sedation, American Association of Nurse Anesthetists

ISMP Medication Safety Alert! Acute Care, Institute for Safe Medication Practices. November 3, 2005. Volume 10, Issue 22.

Approved by the Nevada State Board of Nursing: 3/16/05 (Replaced Anesthetic Agents Decision)
Approved by the NSBN’s Nurse Practice Advisory Committee: 12/5/06

Approved by the Nevada State Board of Nursing: 1/24/07

APNs Encouraged to Participate in Nevada Health Alert Network

A news release from the Nevada State Health Division

The Nevada State Health Division (NSHD) is asking Advanced Practitioners of Nursing (APNs) throughout the state: What communication tool takes minutes to master and can save hours of searching for credible information in a public health emergency? The answer is the Nevada Health Alert Network (HAN).

Nevada HAN Coordinator Pam Forest, M.D., of NSHD's Public Health Preparedness, said, "Not only does the HAN immediately alert subscribers to an emergent health crisis, such as a bioterrorist attack or influenza pandemic, it gives them a direct and secure link to a credible source—the Centers for Disease Control and Prevention (CDC)."

After the events of September 11, 2001, and the anthrax attacks in the ensuing months, federal officials recognized the need for a nationwide communication network to connect medical providers, first responders, and public health officials. The U.S. Department of Homeland Security empowered the CDC to create such a network in all fifty states. The result was the HAN, a platform for the rapid exchange of emergency health information among professionals entrusted with safeguarding the public's health.

In its initial phase, Nevada HAN subscription was limited to hospital administrators, county health officers, infection-control specialists, public health workers, and Indian Health Service officers. Dr. Forest said, "At present, we are reaching out to APNs.

The HAN can prove to be a valuable resource to the medical community in our state. If a health emergency is unique to Nevada, the state health officer or a county health officer has the ability to generate and disseminate important medical alerts to Nevada's health-care providers." She noted the following specifics about participation in the network:

- Subscription to the service is absolutely free;
- An email address is required for enrollment;
- A user name and password are assigned;
- The subscriber tailors a personal profile for alert notification delivery: by email, cell phone, telephone, or a combination of these;
- Once notified of a posted alert, the subscriber logs on to a secure website to view the alert content;
- Brief and simple drills will be conducted on a quarterly basis to allow users to become comfortable with the system.

"Faced with the possibility of an avian influenza pandemic or bioterrorist event," Dr. Forest concluded, "a communication system that connects the infectious disease authorities with Nevada's health-care providers is a necessary step in preparedness."

To enroll, please contact Dr. Forest at (775) 684-4276 or by email at pforest@nvhd.state.nv.us.

What Has The Board Done Lately?

A quick recap of recent accomplishments

As you know, the role of the Nevada State Board of Nursing is to protect the public's health, safety, and welfare. We do that by making sure nurses and nursing assistants practice safely and competently, through:

- ensuring licensees meet minimum education standards and pass criminal background checks
- investigating allegations of incompetence and unsafe practice
- taking disciplinary action against nurses who violate the law, from mandating remedial classes to revoking their license to practice

Here are a few highlights of the Board's accomplishments over the last two years:

- adopting regulations and policies that helped ease the nursing faculty shortage, including:
 - changing the regulation that required 100 percent of nursing faculty to have masters degrees with a major in nursing to 75 percent
 - adopting a policy allowing the executive director to waive the masters requirement for clinical faculty in bachelor and associate degree and practical nurse education programs
- changing regulations to allow private colleges and universities

to offer nursing education programs in Nevada

- technological innovations, including:
 - implementing electronic CNA testing to replace the previous pencil and paper examination
 - on line license and certificate renewal for nurses and nursing assistants (on line initial application will be implemented this summer)
 - on line application request
 - on line license and certificate verification
 - on line address change
- changing license/certificate card vendors to save costs and decrease issuance time
- adopting regulation changes that extend the validity of a temporary license from four to six months (to address the increasing length of time it is taking the Nevada Department of Public Safety and the FBI to process fingerprints)
- applying for and receiving rebate grants from the Criminal History Background Check Pilot Program to purchase livescan electronic fingerprint equipment for both Board offices. When implemented, the livescan technology promises fingerprint results within a matter of days.

Nevada State Board of NURSING NEWS



Magazine Schedule

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August 25August 1

November 25November 1

February 25.....February 1



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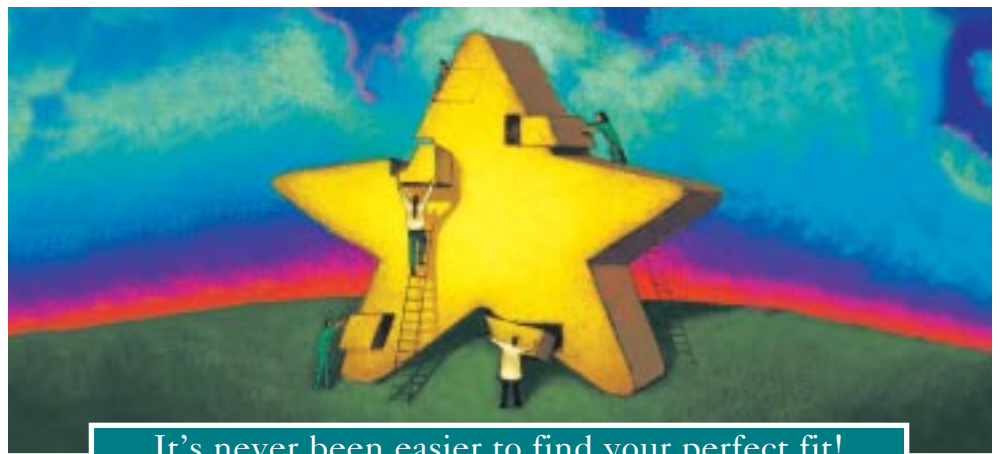
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Meet the Staff

Molly Echandy and Roseann Colosimo

Molly Echandy

Molly Echandy, the Board's licensure/certification clerk, is also a CNA. That means she personally knows the certification process she helps applicants with. In her position, she processes hundreds of applications from individuals who want to become licensed or certified to practice in Nevada. She licenses the nurses who endorse into Nevada from other states, reviews transcripts and endorsement forms to make sure they meet Nevada licensure requirements, and answers questions from applicants who live across the street and across the world.

Photo by Debra Scott



Molly Echandy
Licensure/Certification Clerk

"Just knowing that what we do every day helps the public makes me feel so good!" Echandy says when asked what she likes best about working for the Board. "Plus, there is always something new to learn, which keeps my job fun. I have the best of all worlds--I love my job, the people I work with, and working with the public!"

She emphasizes that people should feel free to ask questions if they're confused or don't know where to find the information they need: "We're always happy to help, and it can save a lot of time."

Echandy completed her CNA training course at the Community College of Southern Nevada and was certified in 2002. She joined the Board as a receptionist in August, 2005, and was promoted to licensure/certification clerk in January, 2006.

Born in San Diego, California, Echandy has spent most of her life in Las Vegas, and when she's not at work, she enjoys spending time with friends and family.

Roseann Colosimo

Although Roseann Colosimo, PhD, MSN, RN, is one of its newest employees, she is no stranger to the Board. She has a long history of volunteer service to the Board as an eight-year member of its Disability Advisory Committee, the group that helps administer the Alternative Program for Chemically Dependent Nurses and Nursing Assistants.

Hired as the Board's education consultant in November, 2006, Colosimo brings teaching, clinical, and administrative experience to her new position. Over her long and varied nursing career, she has

served as a mental health clinical specialist, health center supervisor, college instructor, youth services director, and hospital program therapist. Colosimo served as director of nursing for Montevista Hospital in Las Vegas; joined the private practice of her husband, Philip Colosimo, PhD, providing psychological testing services and counseling; and was a faculty member of the Community College of Southern Nevada, teaching psychiatric nursing.

For the last five years before joining the Board, she was an assistant professor at the University of Nevada Las Vegas, where she served as a nursing instructor, the coordinator for undergraduate psychiatric courses, a graduate faculty advisor, and chair of a faculty search committee which successfully recruited and

hired 23 nursing faculty members in just two years.

"I loved teaching at UNLV and CCSN," Colosimo recalls. "And I think my experience as director of nursing at Montevista gives me insight into both administrative and education issues."

She is bringing that insight to bear in her new position, which includes reviewing and helping new and current Nevada nursing education programs (CNA, LPN, ADN, BSN) to meet the state's regulatory requirements. In a nutshell, the Board's education consultant describes her job as "helping the Board ensure that the citizens have safe, competent graduates of all nursing programs."

Colosimo adds that chairing the Board's Education Advisory Committee, "provides an opportunity for nursing leaders in Nevada to come together to solve problems and support one another in this challenging, but crucial time in Nevada nursing history."

When asked what she likes best about working for the Board, she replies,

"The people here are terrific unsung heroes. It is amazing how many questions they answer and people they help in a day. I had no idea. This Board has a great reputation nationally for regulatory excellence."

She earned her BSN from Saint John College in Cleveland, Ohio, her MSN from Catholic University in Washington, D.C., and her PhD from Ohio State University in Columbus, Ohio.

Colosimo and her husband of 32 years, Philip, a clinical psychologist, have two children and three grandchildren. In her spare time, she enjoys reading, traveling, playing tennis, and "enjoying life."

Photo by Debra Scott



Roseann Colosimo
Education Consultant

TOLL-FREE CONSUMER HOT LINE CALL 888-590-6726

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 website.

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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 Board. 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 Advisory Practice 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 website www.nursing-board.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.

LEARN ABOUT THE ACT AND EARN TWO CE_s

Take the Nurse Practice Act (Nevada) continuing education course at www.learningext.com. For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.

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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, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email nursingboard@nsbn.state.nv.us

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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Term expires 10/31/2008



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Term expires 10/31/2007



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Term expires 10/31/2007



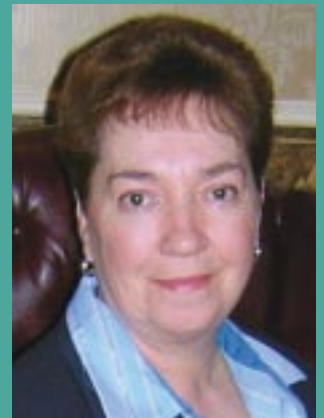
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Term expires 10/31/2008



Joseph Cortez
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Term expires 10/31/2009



Mary Ann Lambert, MSN, RN
RN Member
Term expires 10/31/2008



Betty McKay, LPN
LPN Member
Term expires 10/31/2009

Disciplinary and Licensure/Certification 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 22 through November 16, 2006. Please note that this list does not include some outcomes of the November 15-16, 2006, Board meeting due to legal notice requirements. Those outcomes will be reported in a future disciplinary actions list. This list does include some outcomes of previous Board meetings that were not reported earlier due to legal notice requirements.

Settlement Agreements and/or Hearing Outcomes

Bates, Dean, RN applicant Agreement for Probation for violation of NRS 632.320 (2) criminal conviction, and (5) controlled substances and/or alcohol.

Black, Aleta, RN28986 Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, and (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Brittain, Leslymae, RN49169 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Buenaventura, Rosario, RN10988 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Bullock, Cynthia, LPN11020 Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, (18) diversion of equipment or drugs, and (27) customary standards of practice.

Caruncho, Cesar, CNA007071 Certificate revoked for violation of NRS 632.320 (14) failing to comply with Board order.

Coronado, Trieste, LPN05864 License revoked for violation of NRS 632.320 (14) failing to comply with Board order.

Delarwelle, Dolores, RN12187 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (12) privacy violation, and (27) customary standards of practice.

Downs, James, CNA applicant Agreement for Probation for violation of NRS 632.320 (2) criminal conviction.

Hasbrouck, Heather, RN41951 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (13) confidentiality violation.

Hernandez, Ali, LPN13153 Agreement for Fine in the amount of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

Kensell, Cindi, RN25009 License revoked for violation of NRS 632.320 (1) fraudulent application.

Linder, Nancy, RN22722 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (27) customary standards, and (38) professional boundaries.

Loebel, Richard, CNA012392 Certificate revoked for violation of NRS 632.320 (5) controlled substances and/or alcohol.

Lynton, Sonja, RN43140 Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct.

Lyons, Linda, RN19694 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Manuel, Phyllis, RN44347 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice. **McCarthy, David, LPN10600** Agreement for Reprimand for violation of 632.320 (1) fraudulent application.

Mucio, Marissa, RN37083 License revoked for violation of NRS 632.320 (13) deceive, defraud or endanger a patient.

Pertubal, Denis, CNA011268 Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

Sand Mary, RN40953 Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and (14) failing to comply with Board order, and NAC 632.890 (10) positive drug screen on duty, (35) failing to comply.

Simental, Janet, CNA019542 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice, and (38) professional boundaries.

Sullivan-Bryan, Mary, RN30069 Agreement for Reprimand for violation of NRS 632.320 (13) deceive, defraud or endanger a patient or the general public.

Summer, Karie, LPN0516 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, (20) inaccurate recording, falsifying, (22) patient abandonment, and (27) customary standards of practice.

Tomlinson, Karyn, CNA016666 Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol.

VanWart, Stephanie, RN applicant Order of Reprimand and Class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as a condition of employment.

Vinson, Jan, RN49451 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct.

Wheaton, Carolyn, LPN04728 Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

Wilkes, Jennifer, RN44469 Order of Suspension and Probation for violation of NRS 632.320 (14) failing to comply with Board order.

Williams, Nidenia, RN47452 License revoked for violation of NRS 632.320 (14) failure to comply with Board order.

Wirth, Dolores, CNA applicant Order of Probation for violation of NRS 632.320 (2) criminal conviction, and (5) controlled substances.

Zaratiegui, Dawn, RN45097 Order of Fine of \$100.00 for violation of NRS 632.320 (14) failure to comply with Board order.

Zuniga, Thomas, CNA017381 Certificate revoked for violation of NRS 632.320 (1) fraudulent application.

Denials of Applications for Licensure or Certification

Cabrera, Albert, CNA017998

Green, Sandra, CNA applicant Applications denied for violation of NRS 632.320 (1) fraudulent application.

Dixon, Gloria, CNA applicant

Application denied for violation of NRS 632.320 (12) action in another state.

Jimenez, Jesse, RN applicant

Application denied for violation of NRS 632.320 (2) criminal conviction, and (12) action in another state.

McJunkin, Linda, RN31954

Application denied for violation of NRS 632.320 (1) fraudulent application, and (12) action in another state.

Stauffer, Sheila, CNA applicant

Application denied for violation of NRS 632.320 (2) criminal conviction.

Citations for Practice Without A License/Certificate

Martinez, Nicole (two citations)

Courtney, Donna

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 Board and ask for one of the nurse investigators or the director of operations.

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 website or call the Board.

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 for 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.

Don't Submit A Fraudulent Application!

If you swear you completed CEs, you must be able to prove you did if you're audited

As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If you cannot prove you met the renewal requirements for nurses (30 continuing education credits) or CNAs (24 hours of continuing training/education), *your application will be considered fraudulent and you may be subject to disciplinary action.*

Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

Nevada State Board of NURSING
Application for License Renewal

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 201, Reno, NV 89502-6547
Toll free (888) 590-6726, fax (775) 658-2628, www.nursingboard.state.nv.us

This renewal application with the appropriate fee (see fee table on reverse) must be received on or before the end of the business day on which your current license expires. Nevada has no grace period—if your application is received after your license expires, you must include a late fee of \$100. Fees are not refundable (NRS 632.345).
To practice nursing in Nevada, you must hold an active Nevada license.

Last Name		First Name		<input type="checkbox"/> Check if new address	License Type RN <input type="radio"/> LPN <input type="radio"/> Certificate Type APN <input type="radio"/> CRNA <input type="radio"/> EMSRN <input type="radio"/>
Address		City	State	ZIP	
License #	Social Security #	Date of Birth			

I wish to place my license on inactive status (NO FEE REQUIRED): Yes (Effective Date:) No
If you marked "Yes," you need not complete the rest of the form. If you marked "No," please complete the entire form.

It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. Incomplete applications will be returned to you for completion and this delay may cause your license to expire.

Section 1: Acceptance of Your Application

Yes <input type="radio"/> No <input type="radio"/>	I am subject to a court order that requires me to pay for the support of one or more children.
Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>	I am in compliance with that court order. (If you answered No to the question above, mark N/A.)
Yes <input type="radio"/> No <input type="radio"/>	My name has changed and I have not notified the Nevada State Board of Nursing. Please attach a completed name change form to this application. (Visit Board website or call for form.)

Section 2: Practice and Education

Yes <input type="radio"/> No <input type="radio"/>	I affirm (swear) I completed 30 hours of CE in the past two years. (Retain certificates for 4 years in case of audit.)
Yes <input type="radio"/> No <input type="radio"/>	I affirm (swear) I completed state-required bioterrorism CE. (Retain certificate indefinitely in case of audit.)

Section 3: Application Screening Questions
(If you answer "Yes" to any of Questions 1 through 5 below, you must submit a written explanation.)

Since your previous Nevada license was issued:

Yes <input type="radio"/> No <input type="radio"/>	1. Has your license in Nevada or any other state been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation; or is any investigation, complaint or action pending?
Yes <input type="radio"/> No <input type="radio"/>	2. Have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?
Yes <input type="radio"/> No <input type="radio"/>	3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?
Yes <input type="radio"/> No <input type="radio"/>	4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?
Yes <input type="radio"/> No <input type="radio"/>	5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?

ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726
nursingboard@nsbn.state.nv.us

Debra Scott, MSN, 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
Nursing Practice Advisory Committee Chair

Chris Sansom, BSN, RN, Director of Operations

Program Management
CNA Advisory Committee Chair

Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision

Roseann Colosimo, PhD, MSN, RN, Education Consultant

Nursing Education Programs
CNA Training Programs
Continuing Education Programs
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Legal Counsel

Dean Estes, Accountant/Technology Officer

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Programming
Technology Support

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Public Information and Education
Consumer Relations
News Magazine, 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 300, Reno, NV 89502, 888-590-6726
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726
nursingboard@nsbn.state.nv.us

Investigations and Monitoring

Linda Aure, BSN, RN, C, Senior Investigator

Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
Nursing Practice Questions

Marilyn Schmit, RN, Application Coordinator

Application Review
Fraudulent Application Screening

Kathleen Reynolds, BHS, RN, Compliance Coordinator

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

Licensure/Certification

Sarah Bowen, Licensure Specialist

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

Patty Towler, Senior Certification Specialist

CNA Registry Maintenance
CNA Certification and Renewals
CNA Program and Instructor Approvals

Molly Echandy, Licensure/Certification Clerk

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

Support

Sherrie Frederick, Fingerprint Specialist

Endorsement Forms
Fingerprint Processing
Fingerprint Report Screening

Christie Dalipson, Management Assistant

Assistant to the Director of Operations
Discipline Investigative Support
Compliance Support
Board Meeting Preparation
Disability Advisory Committee Scheduling

Cyndie Souza, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
Board Meeting Preparation
NURsys Data Entry

Kimberly Roth, Kiley Smith, Receptionists

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

Adela Smith, Receptionist

Program Support
Inquiries, Information and Referrals
Licensure and Certification Applications
Spanish-Speaking Services for Consumers

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- Progressive Care Unit
- Surgery



Please send your resume to:

MountainView Hospital, Human Resources, 3100 N. Tenaya Way, Las Vegas, NV 89128.

Jobline: (702) 255-5135 • Call Natalie Gardner, RN: (702) 562-5508

Fax: (702) 233-5301 www.MountainView-Hospital.com

A drug test and background investigation are required as part of our pre-employment process.

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