

Nevada State Board of

# NURSING NEWS

September 2010

**Board Conducts  
Random CE Audits  
Monthly**

**Safe Student Nurse  
Clinical Rotations**

**THREE REGULATIONS  
AMENDED  
ONE REGULATION  
REPEALED**





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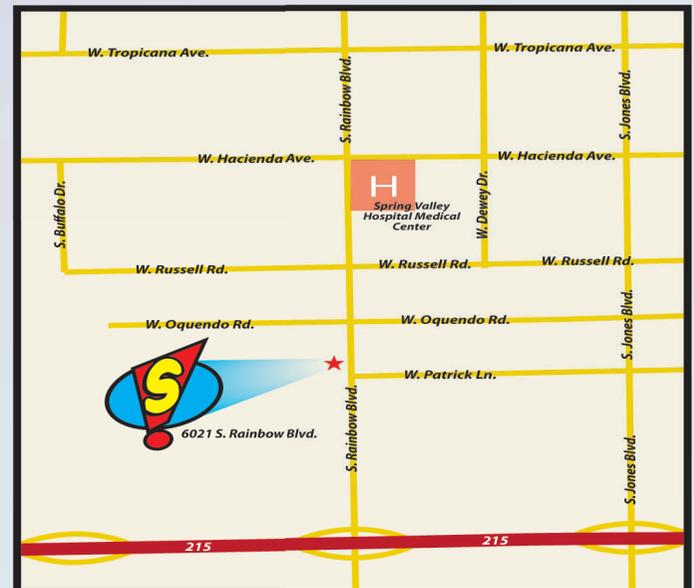
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The **Nevada State Board of Nursing News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

Circulation includes more than 35,000 nurses, nursing assistants and student nurses.

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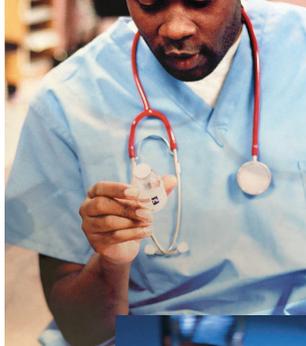
**Published by  
Publishing Concepts, Inc.**

Virginia Robertson, Publisher  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223 / 501.221.9986

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ACTIONS  
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## A message from the executive director

Debra Scott, MSN, RN, FRE

The only way to get a hint of what patients experience while receiving nursing care in Nevada is to be a patient yourself. That's not the reason that I chose to be a patient in mid-August, but if you know me at all, you know that I always make the most of every experience I have. Nevermind the primary reason to do something, there's always something new to learn.

Let's get this out of the way--no it wasn't elective surgery, it wasn't cosmetic surgery, and had I had a choice, I would not have "gone under the knife". I am mostly recovered and will just need to take it a little slower than usual for the next couple of weeks. Then I will be "as good as new".

I won't name hospitals, doctors, or nurses; I have sent in my patient satisfaction survey so they will know how I felt about my experience. My desire is to let you, all the nurses and CNAs in Nevada, know how my experience impacted my thoughts on nursing in Nevada. Whether it is fair or not to judge nursing in Nevada by one personal experience is of no consequence. Everyday patients in Nevada may have only that one experience to reflect upon and they are left with how they feel or what they think about nursing in Nevada.

You may believe that I am in denial that I was treated as if I were any other patient. It is possible that the recognizability of my name may have put nurses on their best behavior, but it may also be possible that there was some discomfort when they were assigned to my case. I truly believe that I was treated as any other patient would have been treated, in spite of my alleged notoriety. Nurses are just like that, aren't we?

Beginning at preregistration, I came into contact with friendly, respectful, competent individuals. I especially paid attention to what they were instructing me to do, but took time to notice their name tags. When I saw that the individual was

a nurse, I felt safe. Moreover, the EKG tech and the lab tech were mindful of my privacy and comfort and were expert in their skills. I got helpful tips for when I would return for my surgery. I felt better already.

The day of my surgery, I arrived at 5:45 a.m. and no one was at the front reception desk. There was a sign on the telephone that instructed patients to call a number if no one were at the desk. I did so and the phone rang about 30 times. No one answered. Other patients in the waiting room informed me that the nurses were busy assisting in earlier surgeries and that I should just be patient (a pun?). Soon the receptionist arrived and immediately reassured me that the nurse would be out to escort me back. Within minutes, the nurse arrived, introduced herself and led me back to my bay. From that moment on, I was treated with professional kindness, respect, and exemplary nursing care. I appreciated the CNA for bringing the warm blankets.

No one discounted my fears; no one neglected to answer any question I had; no one left me unattended. They welcomed my husband and my daughter both in pre and post surgery areas and kept them informed throughout my procedure. While under the care of the nurses, I never felt any pain--there was adequate time for that once the local wore off at home.

There are many to thank for helping me through a tough time. I am so proud to be one of the nursing professionals who spend time and energy in making healthcare a positive experience. I had the opportunity to personally be the recipient of excellent nursing care. Thank you to the nurses and CNAs who took care of me during this time.

The other group of people who deserve many thanks are my staff in both our office sites--in Las Vegas and Reno. Even though I was gone for two weeks, they have been diligent in running the agency with superb expertise. The third group of individuals who deserve thanks is the members of the Nevada State Board of Nursing who provided me the time off to recuperate and the emotional support in the form of warm wishes.

If my experience is any indication of the caliber of nursing professionals in Nevada, I applaud you all.

As amazing as it may seem, we are 10 years into the 21st century. Information Technology (IT) continues to evolve exponentially. With the development of Facebook, Twitter, and the increase of "social networking", and as we continue to acquire gadgets capable of the immediate sharing of information (Skype, blogs, tweets, wikis, cell phone cameras with posting, sending, and sharing abilities), it is important to remember that all patient privacy regulations remain in place. This is becoming more of a regulatory issue due to some of the following (and very real) national examples. The potential for Health Insurance Portability and Accountability Act (HIPAA) violations in this unregulated online environment are great.

- A nurse took a picture of her pediatric patient and posted it on her Facebook, and identified the patient as "dying of cancer..." The parents saw the photo of their seriously ill child on the internet.
- A pair of ER nurses took a cell phone picture of a patient's X-ray

## If In Doubt, Don't Do It

### Words from the president

Doreen Begley, MS, RN



(a rectal foreign body), posted it to Facebook, and then had a discussion about it.

- A patient had been stabbed several times to the point of near decapitation, and instead of caring for him, snapped photos of the injuries and posted them to Facebook.
- A nurse took a picture of a patient and sent it via text to a friend with a less than flattering description of how she felt about having to care for him. It was then forwarded to several friends, and the hospital eventually became aware of the incident. >>>

These are all very real examples. HIPPA regulations protect an individual's privacy through strict expectations about how patient

information can be used, and by whom. A nurse who is commenting about work may not be violating HIPPA, but including any identifying information, such as an X-ray or an actual picture of a patient, is a clear and flagrant abuse of patient trust and confidentiality.

HIPPA standards were enacted as a federal law in 1996 and are coded in Public Law 104-191 (45CFR, Parts 160, 162, and 164). While the HIPPA rules are quite specific and clear, the rules of social networking, as stated above, are less regulated. Despite a lack of clarity in social networking, patient confidentiality is very clearly protected in the Nevada Nurse Practice Act with violations of unprofessional conduct defined under NAC 632.890 (12) failing to maintain a patient's right to privacy, and (13) violating a patient's confidentiality.

Because of the rise of these national incidents, National Council of State Boards of Nursing (NCSBN) have been asked by boards of nursing to develop more detailed language regarding these types of boundary crossings and violations. While still a work in progress, the Discipline Resource Committee is now working on model nurse practice act

and administrative rule language. NCSBN does offer a free professional boundaries brochure, Professional Boundaries-A Nurses Guide to the Importance of Appropriate Professional Boundaries, that is designed to help nursing students, educators, health care organizations, and the public to understand and apply these concepts between a nurse and client. To download a free electronic copy, visit [www.ncsbn.org/Professional\\_Boundaries\\_2007\\_Web.pdf](http://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf).

While the examples above may seem extreme, they are unfortunately becoming more common. It is hoped that by raising awareness of this issue, more thought will be put into your decision to post anything remotely patient related on your social network. The first rule is simple. Divulging any information about a patient is not appropriate. The second rule is even easier. If in doubt, don't do it!



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## BOARD TALK

### 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

**September 15-17, 2010 – Las Vegas**

**November 17-19, 2010 – Reno**

**January 12-14, 2011 – Las Vegas**

### 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 an 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 video-conference in Reno and Las Vegas.

Advanced Practice Advisory Committee (two)

November 9, 2010

February 15, 2011

May 3, 2011

CNA Advisory Committee (two)

October 21, 2010

January 6, 2011

April 21, 2011

Disability Advisory Committee (none)

October 22, 2010

Education Advisory Committee (none)

October 15, 2010

January 28, 2011

April 15, 2011

Nursing Practice Advisory Committee (none)

October 5, 2010

December 7, 2010

February 15, 2011

### COME TALK TO THE BOARD

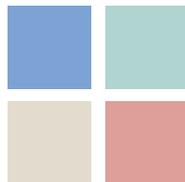
During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

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 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.



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# BOARD CONDUCTS RANDOM CE AUDITS MONTHLY

All licensees and certificate holders must complete continuing education (CE) to be eligible to renew their license or certificate. This requirement is outlined in the Nevada Nurse Practice Act, NRS 632.343 and NAC 632.340. To ensure the board is following their regulations and thus meeting the mission of the board to protect the public, board staff conducts random monthly audits for CE compliance. The board wants you to successfully complete a CE audit should you be selected and the information in this article will help you do this.

First, you must keep your address of record current with the Board as all Board notices are sent to your address of record. Second, you must maintain a copy of your CE certificates or documentation for four years from the date completed. The certificate or document must have your name, the name of the course, the name of the approved continuing education provider, the specific number of continuing education hours awarded, and the date the course was completed. This information is outlined in the Nurse Practice Act and on the board's website at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us). Finally, do not rely on your employer to maintain your CEs for you – keep your own file. Find your specific license or certificate type below for information regarding current requirements.

RNs and LPNs must complete a total of 30 hours of CE prior to licensure renewal, including a one-time mandatory 4 hour bioterrorism course. All licensees must complete

the state mandated bioterrorism course as outlined in law effective January 1, 2005. In addition, if you have not practiced nursing in the last five years you will be required to complete a Board approved refresher course prior to renewal of licensure.

CNAs must complete 24 hours of CE within the scope of practice of a CNA prior to renewal. Bioterrorism is not mandated for CNAs. In addition, CNAs must have practiced for 40 hours as a CNA under the direction of a licensed nurse within the last two years to be eligible for renewal.

APNs must complete a total of 45 hours of CE prior to renewal, 30 hours for the RN license including the one time mandatory bioterrorism requirement, and 15 hours in the advanced practice specialty.

CRNAs must complete a total of 45 hours related to practice as a nurse anesthetist, including the one time mandatory bioterrorism requirement. If national recertification is completed within twelve months prior to the nurse anesthetist's birthday (expiration date), the board will consider this sufficient evidence of completion of 40 hours of CE related to nurse anesthetist practice.

Letters are sent out monthly to those randomly selected for audit. When audited, you have thirty days to respond by submitting all documentation as directed. If documentation is

continued >>>

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# THREE REGULATIONS AMENDED ONE REGULATION REPEALED

Regulations found in Chapter 632 of the Nevada Administrative Code (NAC) are very important to nurses and certified nursing assistants licensed/certified in the State of Nevada. These regulations, amongst other things, set forth procedures for the Nevada State Board of Nursing, provide definitions regarding nursing practice and provide for scope of practice for nurses. The Board provides a summary of the changes in the NSBN News magazine when regulations are amended or repealed to keep licensees and certificate holders well informed of changes to the Nurse Practice Act. These changes were well posted and noticed for public comment while all changes were being considered to meet the requirements of Nevada's Open Meeting Law.

## THREE REGULATIONS WERE AMENDED

NAC 632.192 was amended to delete the requirement for the Board to mail to a licensee or certificate holder a renewal form as a reminder to renew a license or certificate. In addition, licensees or certificate holders may now use a valid debit or credit card to pay for renewal fees. These changes were made because most nurses and CNAs are now using the online renewal function of the Board's website.

NAC 632.226 was amended to add a definition of the term "school nurse". This change was made to clarify the definition of the term "school nurse" in the nursing regulation to coincide with definitions in Nevada education regulations.

NAC 632.450 was amended to allow an LPN, in certain circumstances, to withdraw blood from a peripherally inserted central venous catheter. This change was made to reflect the current practice of LPNs in Nevada and to coincide with national scope of practice literature.

## ONE REGULATION WAS REPEALED

NAC 632.195 was repealed. It provided that a duplicate license or certificate could be issued if the original was lost. This regulation was repealed because the Board has not issued hard card evidence of licensure since January 2010. Since no hard cards are being issued, there is no reason to issue a duplicate should the licensee or certificate holder misplace the hard card.

Please refer to the online version of Chapter 632 once these new regulations have been codified. They are now effective and the NSBN has begun to implement the changes outlined in the new regulations.

<<< continued from previous page

not received within thirty days, a complaint investigation will be initiated for non-compliance. Approximately 69% of CNAs, and 87% of nurses successfully completed the audit in fiscal year 2009-2010. However, during this period the board conducted over 200 investigations for failure to comply with the Board audit resulting in discipline for some.

The following are some of the most common issues seen during the course of an audit and/or audit investigation:

- The address of record is not current. The Nevada Nurse Practice Act, NAC 632.205, states each licensee or holder of a certificate is to notify the board of an address change within 30 days after the change. Failing to receive an audit notice because you have moved and not updated your address will not excuse you from meeting the requirements of the law.
- The bioterrorism requirement mandated in statute for all licensed nurses became effective on January 1, 2005. Missing or lost certificates are a problem. If you took a bioterrorism course between October 1, 2003 and January 1, 2005, and it included the requirements mandated in statute, it will be approved upon submission of the certificate of completion. If you have taken a course but are unable to produce the certificate you must complete another course. An employer required bioterrorism course may not meet the statutory mandated content for bioterrorism and is not accepted (i.e. the ICS 100, ICS 200, and ICS 700 courses).
- The applicant has completed the CEs but has failed to submit them within the timeframe of the audit (30 days). They are

submitted after the Board has opened a formal investigation.

- CE certificates are submitted but the provider is not an approved provider (i.e. MedCEU). See the Board's website for information on approved providers.
- CNA courses are beyond the scope of practice for a CNA. Medication administration, diagnosing, and interpretation of lab work are not within the scope of practice of a CNA and will not be accepted.
- Certificates submitted are for mandatory employer training, but CEs have not been awarded and they do not count towards renewal requirements. Not all employers are CE providers and they may not award continuing education.
- APN audits require practice information in addition to CEs. Required audit information should routinely be maintained at the practice site and readily available for submission. (Review the June 2009 Nursing News on the Board's website for APN audit practice checklist.)
- If using ACLS, BLS, PALS for CEs, a certificate of completion with the hours awarded must be submitted even if the program was completed as a requirement for employment.

In preparation for completing your license or certificate renewal make sure you have reviewed your continuing education certificates to ensure there are hours awarded, they are from an approved provider, and they were completed within the current renewal period (two years prior to your expiration date). Planning ahead will alleviate any anxiety on your part and ensure you meet the requirements of the law.

# Safe Student Nurse Clinical Rotations

Society has become numb to violence. The public hesitates to get involved when the behavior doesn't directly affect us. As nurses, we believe that we are more altruistic and would jump in to prevent harm to others. What about when it involves patients in the clinical setting where we work? Patient advocacy is one of the most important roles of a nurse. In my past role as nursing faculty and in my current role as the Board's education consultant, I have heard anecdotally about situations where a nursing student may have been involved in conduct that potentially or actually hurts a patient. During those clinical rotations, all nursing staff is responsible to make sure that patients have safe good outcomes when they receive nursing care from a student. Even though the nursing students are working under the nursing faculty member's nursing license, others in the clinical setting continue to be accountable for safe nursing care.

Clinical care environments are complex work environments even before nursing students and faculty enter the picture. In Nevada, we have doubled the number of nursing programs in the last six years along with adding many different clinical care environments resulting in a thousand nursing students during any given week being in clinical rotations all across Nevada.

Excellent nursing faculty do what is called clinical site maintenance. Faculty work closely with the nurse manager and staff to extend the safety culture when students are on the unit. Many faculty in Nevada are involved in the vital initiatives such as Quality and Safety in Nursing Education. The nursing school and the nursing unit are partners in good patient outcomes and good student outcomes.

Teaching a clinical nursing course is difficult to master as it requires good clinical knowledge, teaching strategies, cultural sensitivity and generational know how. The clinical instructor is responsible for the nursing students in Nevada so it is important that

schools of nursing have clear policies about skills, incident reporting and documentation so that rigorously adhered to lines of communication are contributing to good patient outcomes.

As the education consultant, I am hopeful that the faculty and nurse manager at a local level sort out most issues concerning student clinical experiences. Lack of communication

in this arena can be disastrous. Nurse managers must maintain working relationships with the faculty who hold clinicals on their units. If this relationship has not been established and is resulting in lack of communication or concerns on the unit, the nurse manager must contact the Dean or Director of the nursing

**continued on page 12 >>>**



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EOE

Doreen Begley  
accepted into the

## IRE FELLOWSHIP PROGRAM

NSBN President, Doreen Begley, MS, RN, has been accepted into National Council State Boards of Nursing's Institute of Regulatory Excellence (IRE). The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for nursing regulators who desire to enhance their knowledge of and leadership in nursing regulation. Application of evidence-based concepts in regulatory decision making and leadership are developed through the participation and preparation of graduates of the program. Participants must attend 4 IRE annual conferences on public protection/role development of nursing regulators; discipline; competency and evaluation/remediation strategies; and organizational structure/behavior. In addition, they must complete a large scale, innovative and self-directed project focused on a specific nursing regulatory topic area. Please join us in congratulating Doreen on her acceptance into this exciting program.



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# IMPORTANT NOTICE

The Nevada State Board of Nursing has begun conducting background checks on applicants and renewals. Your license may be in jeopardy if you have a criminal record. Contrary to popular misconception, if you have a criminal record in Nevada it stays on your record for life, unless you get it sealed. The Law Offices of Higbee & Associates ([RecordGone.com](http://RecordGone.com)) has helped hundreds of people seal their criminal record and retain their professional license.

Once sealed, Nevada law gives you the right to say you were not arrested or convicted. Your sealed record will not be disclosed to the licensing authority. Protect your professional license and career by having your criminal record sealed. The typical case takes about 4 months, so do not delay starting the process.

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# NSBN Begins Transition to Licensure Verification through Nursys

During its May 2010 meeting, the Nevada State Board of Nursing directed Board staff to begin transitioning its licensure verification process to utilize the National Council of State Boards of Nursing's (NCSBN) database, Nursys. This move is within the NSBN's mission to better protect Nevada's citizens. It will allow us to immediately receive information on nurses who have been disciplined in another jurisdiction on a daily basis. In addition, it will allow us to run a myriad of reports to keep us better informed of previous disciplinary actions and to check our licensees against other national databases which will ensure that we have the most current status on our licensees.

Nursys provides centralized license information to boards of nursing which in turn, use this data to verify applicant license information, enter and review disciplinary actions and send electronic communications between boards of nursing for information requests. The NSBN has submitted licensure discipline information on Nevada nurses since the system's inception and this will continue.

Nursys contains licensure, education, verification and discipline information for individuals who are licensed in participating states. Regular updates are made by boards of nursing in the U.S. and its territories. All boards of nursing have access to information within Nursys and are able to enter and edit discipline information. Employers may use Nursys to verify licensure status on nurses in participating states. This service is essential in the case of disaster when nurses' licenses must be verified to allow them to work in the disaster zone.

More information will be forthcoming as the NSBN completes this transition within the next several months. Watch for revisions in our application directions as we progress.

For more information, e-mail [NursysComAdmin@ncsbn.org](mailto:NursysComAdmin@ncsbn.org) (<https://www.nursys.com/ContactUs.aspx>)  
Call 312.525.3780 or visit [www.nursys.com](http://www.nursys.com).

<<< continued from page 9

program for resolution. If patient safety has become a concern, I encourage nurse managers to contact me so that the Board can intervene to protect patients. Nevada nurses certainly know that

watching unsafe faculty or students is not providing the patient with the best safe nursing care.

As with many NSBN issues, the great majority of students and faculty enhance

the safety and patient outcomes with the expertise of the nursing staff on unit. Vigilance in all areas of patient safety outcome is critical for the citizens of Nevada.



  
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# Grow Our Own Safe and Competent Nurses Conference

Nevada Nursing Education and Practice Alliance (NNEPA) in conjunction with the Nevada State Board of Nursing (NSBN) sponsored a "Grow our Own Safe and Competent Nurses Conference" in Las Vegas and Reno on July 29th and 30th. The conference was a huge success thanks to a tremendous collaboration among many Nevada nurses.

Nancy Spector, PhD, RN, Director of Regulatory Innovations for the National Council of State Boards of Nursing (NCSBN), was the keynote speaker in both locations, speaking on Transition to Practice: Promoting Quality and Safety. The NCSBN has begun a pilot study to compare safety and quality outcomes when sites utilize the Transition to Practice model in contrast to sites which do not. Her presentation provided information to the participants about nursing program transition models across the country and in Europe.

The conference schedule in both the north and south was filled with local talented nurses who are working on transition programs which allow

collaboration between nursing education and practice. NSBN President Doreen Begley and NNEPA President Margaret Covelli were pleased with the tremendous support the conference received financially, intellectually, and through the participation of nurses statewide. Debra Scott, NSBN Executive Director, was pleased to see so many programs focusing on the safe transition of new graduates into the role of patient advocate.

Conference sponsors included Workforce Connections, Renown Medical Center, University of Nevada, Reno, University of Nevada, Las Vegas, Nevada Hospital Association, Touro University, Saint Rose CHW, the Philippine Nurses Association of Nevada, University of Southern Nevada, Nevada State College, Valley Health System, Nevada Nurses Association, and the Law Offices of Tracy L. Singh, LLC.

Conference evaluations praised the effort and applauded nurses across the state for coming together to provide this opportunity for education, networking, and sharing ideas to foster patient safety, professional growth,



L-R Doreen Begley, Nancy Spector, Patsy Ruchala, Debra Scott.

and ensuring a competent healthcare for Nevada's future.

NNEPA began in 2008 as a collaboration among the NSHE nursing programs, sponsored by the NSHE Health Sciences System, and has been chartered as a free-standing organization that includes nursing education and industry leaders and other stakeholders in the state of Nevada. NNEPA's vision is "to develop a premiere system for nursing education and practice that provides for expertise and optimal capacity of the nursing workforce to ensure a healthy Nevada."

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# NURSING NEWS

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### **Debra Scott, MSN, RN, FRE,**

*Executive Director*

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Fiscal and Human Resource Management  
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APN Advisory Committee Chair  
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### **Chris Sansom, BSN, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

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

Legal Counsel

### **Dean Estes, Director of Finance/Technology**

Budget, Accounting and Payroll  
Technology Support  
Programming  
Website

### **Roseann Colosimo, PhD, MSN, RN, Education Consultant**

Nursing Education Programs  
CNA Training Programs  
Continuing Education Programs  
Education Advisory Committee Chair  
Advanced Practice and International Graduate  
Document Analysis

### **Patty Shutt, LPN, Site Operations Supervisor**

Las Vegas Site Supervision  
Advanced Practice Certificate Processing

### **Marianne Kadlic, Executive Assistant**

Assistant to the Executive Director  
Scheduling  
Board Meeting Agenda and Arrangements

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### **Christie Daliposon, Management Assistant**

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

### **Cyndie Souza, Management Assistant**

Discipline Investigative Support  
Yes Answer and Fraudulent Application Processing  
Endorsement Forms  
Board Meeting Preparation  
Nursys Data Entry

## PROGRAM STAFF

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nursingboard@nsbn.state.nv.us

## INVESTIGATIONS AND MONITORING

### **Linda Aure, BSN, RN-BC, Senior Investigator**

Complaint Investigations  
Nursing Practice Questions

### **Amy Clark, BSN, RN, Application Coordinator**

Application Review  
Fraudulent Application Screening

### **Cindy Peterson, RN, CRRN, CLNC, CHCQM, FAIHQ, Investigator**

Complaint Investigations  
Nursing Practice Questions

### **Kathleen Reynolds, BHS, RN,**

*Compliance Coordinator*

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

### **Sherri Twedt, RN, CLNC, Investigator**

Complaint Investigations  
Nursing Practice Questions

## LICENSURE/CERTIFICATION

### **Sarah Bowen, Licensure Specialist**

Licensure Eligibility Questions  
Endorsement and Examination Applications  
Continuing Education Providers  
International Nurse Graduates and Licensure  
Issues  
RN/LPN CEU Audits

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

CNA Registry Maintenance  
CNA Certification and Renewals  
CNA Program and Instructor Approvals  
Certification Audits (CNA, APN, CRNA)

## SUPPORT

### **Ariadna Ramos, Program Assistant**

Endorsement Applications  
Licensure Eligibility Questions  
Spanish-speaking Services for Consumers  
Program Support of Licensure and Certification

### **Jeannette Calderon**

### **Kimberly Nicolai**

### **Gail Trujillo**

### **Tammy Schaffer -Receptionists**

Renewal Applications  
Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications



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President, RN Member  
Term expires 10/31/12



### **Patricia "Tish" Smyer, DNSc, RN**

Vice President, RN Member  
Term expires 10/31/12



### **Kelly Espinoza, MSN, RN**

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Term expires 10/31/12



### **Rick Carruthers, LPN**

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### **Belen Gabato, MS, RN**

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