

State Of Alabama

**BOARD
OF
NURSING**



October 1, 2005– September 30, 2006

Honorable Bob Riley
Governor
State of Alabama

Dear Governor Riley,

I am pleased to present to you the FY 2006 Annual Report for the Alabama Board of Nursing (ABN). The mission of the Alabama Board of Nursing is to safeguard the public's health, safety and welfare through the regulation of nursing education, entry into nursing practice and the promotion of continuing safe practice by nurses caring for the public in Alabama. The Board has continued a three-year review cycle of the ABN Administrative Code to assure that the rules continue to reflect current practice and public safety. Rules are promulgated to clarify, modify or strengthen the statutes being reviewed.

During this fiscal year, the Board reviewed and amended the Alabama Administrative Code chapter on advanced practice nursing. The new rules clarified the difference between the physician's primary practice site and a remote site; the required quality assurance and the amount of time the collaborating physician and the certified registered nurse practitioner (CRNP) or certified nurse midwife (CNM) are required to be in the same location. The Board strengthened the notification requirements for advanced practice nurses who are required to maintain national certification in their specialty to ensure that there is no lapse in the Board's approval.

Amended rules for the Voluntary Disciplinary Alternative Program (VDAP) specified requirements for chemical dependency treatment providers. These rules clarified the required initial assessment of nurses determined to need treatment and monitoring. The revisions focus on protection of the public during the time the nurse is in treatment and recovery.

The Board proposed Rule 610-X-6-.15, Alabama Department of Mental Health Community Residential Programs, identified acceptable parameters where the registered nurse is allowed to delegate assistance with certain medications to mental health workers. These changes were made to facilitate the continuing trend of providing outpatient mental health care in group homes while ensuring the client's right to safe and effective care.

Changes to Rule 610-X-6.11, recognized the development of new technology and the increasing need to utilize the licensed practical nurse (LPN) in the care of the client receiving intravenous therapy. These amendments expanded the scope of practice for LPNs while providing limitations on the type of intravenous therapy provided by LPNs. These rules were promulgated after lengthy discussions with nurse executives employing LPNs, nurse educators instructing LPNs and a public hearing that enabled other interested parties to provide input on this important issue.

Changes to the Administrative Code are important in assuring that the regulation of the practice of nursing in Alabama reflects the issues and needs of the current healthcare environment while ensuring public protection. There are times when rule changes have a negative impact on an individual nurse or organization. A request for a Declaratory Ruling is the mechanism available to nurses or organizations in Alabama who feel that they have been substantially impacted by one of the Board's rules. This allows the petitioner to request a review of specific circumstances and request relief from a stated rule. Declaratory rulings are reviewed individually and a Board action is made on each request based on the specifics of that case.

The Board values input from the public and provides an opportunity during each Board meeting for individuals or groups who wish to speak to a specific issue. The Board utilizes the Open Forum to receive information from the public about issues related to nursing practice issues.

The ABN is nationally recognized within the National Council of State Boards of Nursing for its use of technology. The Board continues to place licensing transactions online. The Board currently uses continuing education requirements to encourage all nurses to remain current with changes in nursing practice. The Board implemented electronic transmission of continuing education (CE) contact hours that allows nurse to swipe their license card and have electronic submission of their records to the Board. CE providers were trained by Board staff and provided the scanner and software needed to transmit this information electronically. Graduate nurses who apply to take the national licensure exam (NCLEX®) online are now able to receive their test results within 48 hours, greatly reducing the previous one month wait for results. A new service for employers of nurses uses “PUSH” technology to online subscribers that provides them with immediate notification of a change in licensure status for nurses they employ. Utilization of technology allows the Board to be proactive in public protection through nursing regulation and provide support for the nurses and organizations who are involved in providing nursing services to the public.

The need for uninterrupted service and public protection in the event of a disaster is critical. The Board, under the direction of Genell Lee, executive officer, implemented a system to store vital information and necessary technology offsite. Detailed disaster plans provide the assurance that the Board will be able to address nursing regulation and public protection during unplanned emergencies.

The Center for Nursing is now fully operational. The Center focuses on nursing workforce data and conducts the Board’s regulatory research. Annually, the Board approves a research agenda that identifies research priorities. The Board is nationally respected for their nursing research. The research agenda is available for your review in Appendix E. Research facilitates evidence based decisions by the Board. In 2001, the Board implemented changes in the Administrative Code to address the way school health is provided in Alabama. Current school health research enables the Board to look critically at the impact those changes made in the regulation of school health nursing and public safety.

This has been an exciting year and brings to a close my 8th year of service to the State of Alabama as a Board member for the Alabama Board of Nursing. I would like to thank you and the people of Alabama for allowing me to serve in this capacity. On behalf of the Board of Nursing, I am please to be able to provide you with a detailed look at the practice of nursing regulation in Alabama.

Sincerely,

Jeanne M. Sewell, MPH, RN
President



Elizabeth Stullenbarger, Vice-President
DSN, RN, Homewood, AL



Jeanne M. Sewell, President
MPH, RN, Monroeville, AL



James Luther Raper, Secretary
DSN, CRNP, JD, Birmingham, AL



Harry I. Brown, Jr., Consumer
MA, MBA, CFP, Sylacauga, AL

Alabama Board of Nursing



2006



Peggie A. Carpenter, Board Member
LPN, BA, Tuscaloosa, AL



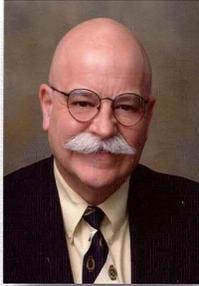
Debra C. Davis, Board Member
DSN, RN, Mobile, AL



Joy Payne Deupree, Board Member
MSN, CRNP, Birmingham, AL



David Fagan, Board Member
LPN, Trinity, AL



Michael Harper, Board Member
CRNA, JD, Dawson, AL



Sylvia Homan, Board Member
MSN, RN, MSCE, Demopolis, AL



Maggie Hopkins, Board Member
LPN, Fairfield, AL



Patricia LeCroy, Board Member
MSN, RN, Attalla, AL



Marjesta Jones Williams, Board Member
LPN, Selma, AL

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**BOARD OF NURSING MEMBERS AND STAFF
OCTOBER 1, 2005- SEPTEMBER 30, 2006**

BOARD MEMBERS	TERM EXPIRES
<i>Elaine Klein, CRNA, PhD, President, Birmingham</i>	<i>12-31-2005</i>
Jeanne M. Sewell, MPH, RN, Vice-President, Monroeville (President, 1-1-06 – 9/30/2006)	12-31-2006
Debra C. Davis, DSN, RN, Secretary, Mobile	12-31-2009
Harry I. Brown, Jr., MA MBA, CFP, Sylacauga	12-31-2009
Peggie A. Carpenter, LPN, Tuscaloosa	12-31-2007
Joy Deupree, MSN, CRNP, Birmingham	12-31-2006
Davied Fagan, LPN, Trinity	12-31-2008
Michael Harper, CRNA, JD	12-31-2009
Sylvia Homan, MSN, RN, MSCE, Livingston	12-31-2007
Maggie L. Hopkins, LPN, Fairfield	12-31-2009
Marjesta K. Jones, LPN, Selma	12-31-2006
Patricia LeCroy, MSN, RN, Gadsden	12-31-2009
<i>Robert Lockwood, PhD, Montgomery</i>	<i>12-31-2005</i>
<i>Judy Moore, LPN, Northport</i>	<i>12-31-2005</i>
James (Jim) Luther Raper, DSN, CRNP, JD	12-31-2008
Elizabeth Stullenbarger, DSN, RN, Birmingham	12-31-2007

*Legal Services provided by
Randy Reaves, P.C.*

AGENCY STAFF

N. Genell Lee, MSN, RN, JD	Executive Officer
Leslie Vinson, BS	Executive Secretary
Gilda B. Williams, JD	Assistant Attorney General/General Counsel
Gail I. Hampton, JD	Deputy Attorney General
Barbara A. Johnson, MS, CPM	Director, Administrative Services
Ronald Lazenby, BS	Chief Fiscal Officer
William A. Stewart, III	Director, Licensing & Information Technology
John J. Howard, BS	IT Systems Specialist
Richard A. Pasley, BS	IT Systems Specialist
Bradley G. Jones, BS	IT Systems Specialist, Associate
Richard F. Boyette, BS	Programmer Analyst
Allison J. Terry, MSN, PhD, RN	Director, Center for Nursing
Mary Ed Anderson, MSN, RN	Nursing Consultant, VDAP
Marilyn T. Archibald, MSN, RN	Nursing Consultant, Legal
Cathy Boden, MSN, RN	Nursing Consultant, Legal
Charlene Cotton, MSN, RN	Nursing Consultant, Practice/Advance Practice
Barbara H. Johns, MSN, RN	Nursing Consultant, Education
Katie L. Drake-Speer, MSN, RN	Nursing Consultant, Continuing Education
Carolyn Morgan, MSN, RN	Nursing Consultant, Practice
Jean B. Lazarus, MSN, RN	Retired State Employee
Vivian M. Charley	Personnel Assistant III
Labrita Howard, BS	Account Clerk
Lakandice Williams	Account Clerk
Frank D. Mitchell	Chief Special Investigator
Danny O. Bond	Special Investigator
George Wyatt Gantt	Special Investigator
Nathaniel Nunnelley	Special Investigator
David Pinnock	Special Investigator
Sylvia M. Dryer	Docket Clerk
Tiffany Brassfield	Docket Clerk
Pamela D. Jenkins	Docket Clerk
Virginia L. Pettway	Docket Clerk
Rosa Thomas	Docket Clerk
Javonda Kennedy	ASA III
Robert Moscatiello	ASA III
Brenda Adams-Packer	ASA III
M. Annette Songer	ASA III
Wendy Looney	ASA III
Teresa A. Berher	ASA II
Misti Broadnax	ASA II
Cassandra Burrell	ASA II
Patricia Carroll	ASA II
Sherry Boykin Deal	ASA II
Angel Garcia	ASA II
Madgelyn Lamar	ASA II
Betty Howard	ASA I
Sandra Porter	ASA I

COMPOSITION OF THE BOARD

The Alabama Board of Nursing is comprised of thirteen (13) members each of whom serves a four-year term. One consumer member with no financial ties to health care is appointed by the Governor. Eight (8) of the thirteen (13) members are required to be licensed professional nurses (RNs). Nominations are made to the Governor by the Board of Nursing Nominations Committee comprised of various nursing organizations. Nominees are submitted by the Alabama State Nurses Association on behalf of the Nominations Committee. Of the eight (8) RN members, two (2) positions are designated for advanced practice nurses, three (3) are designated for nursing education, and three (3) are designated for nursing practice or administration. Four (4) licensed practical nurses (LPNs) serve on the Board. Two (2) are nominated by the Alabama Federation of Licensed Practical Nurses (AFLPN) and two (2) are nominated by the Licensed Practical Nurses Association of Alabama (LPNAA). A current listing of Board members and the positions they occupy are posted on the Board's web site, www.abn.state.al.us under "Board Information." The Board members are also listed on the Secretary of State's web site, www.sos.state.al.us under "Boards and Commissions."

The Board meets in regular meetings six (6) times per year. The Board's meetings are open to the public in compliance with the Alabama Open Meetings Act. Dates, times, and locations of meetings are posted on the Board's web site, www.abn.state.al.us, under "Board Information" and also on the Secretary of State's web site, www.sos.state.al.us. Every other month the Board meets in a public Work Session to discuss issues in depth prior to taking any action.

The Board's legal mandate is protection of the public health, safety and welfare. The Board accomplishes the legal mandate by approving nursing education programs and detailing requirements for entry into practice for LPNs, RNs, and advanced practice nurses. The Board also meets the legal mandate for public protection by defining acceptable and unacceptable nursing practice. The Board evaluates the continuing competency of licensees at the time of renewal by assuring compliance with continuing education requirements. Removal of unsafe or impaired practitioners through the disciplinary process or the Voluntary Disciplinary

Alternative Program (VDAP) is also a strategy for meeting the legal mandate of public protection.

As a state agency in the Executive Branch of state government, the Board is also responsible for enforcement of the Nurse Practice Act. The legislature, through statute, authorized the Board to write rules and regulations to clarify, amplify, or explain the concepts of the Nurse Practice Act. Rulemaking and adjudicating discipline cases are two primary functions of the Board. The Board's actions, excluding decisions in disciplinary cases, for FY 2006 are in Appendix A.

RULEMAKING

The Board continued its role in rulemaking by amending several chapters of the Alabama Administrative Code. The process for rulemaking is specified in the Alabama Administrative Procedures Act. Any proposed amendments or repeal of rules are first approved by the Board. The proposed changes are then filed with the Alabama Legislative Reference Service for publication in the Alabama Administrative Monthly. Although not required by law, the Board posts proposed rule changes on its web site, www.abn.state.al.us. The Board considers written or oral comments related to the proposed rules. A public hearing is routinely scheduled for the Board to receive comments. If no substantive changes are made, the Board approves the revisions or amendments for final certification. The new or amended rules are then filed with the Alabama Legislative Reference Service and become effective 35 days later unless the rule specifies a different effective date. The history of each rule, including the filing date and the effective date, is at the end of each rule section. During the final certification period and prior to the rules becoming effective, any individual or organization who is displeased with the proposed changes may request a review of the proposed changes by the Legislative Council. The Legislative Council comprised of state senators and representatives, may approve the proposed changes, disapprove the proposed changes, or request the agency to withdraw the proposed rules.

The Board engaged in promulgating rules throughout FY 2006. The Board reviewed and amended Alabama Administrative Code, Chapter 610-X-1, Organization and Administration in FY 2006. The Board approved the amendments to

the rules in March 2006 and the Chapter became effective April 28, 2006. Minor revisions to the chapter occurred, including provisions to comply with the Alabama Open Meetings Act.

The chapter on advanced practice nursing—collaborative practice had amendments enacted in FY 2006. Rules 610-X-5-.08 and 610-X-5-.19 distinguished the difference between the physician's primary practice site and a remote site. Quality assurance, required physician visits to remote sites, and the amount of time required for the collaborating physician and CRNP or CNM to be in the same location were identified.

The Board amended the chapter on nursing education program regulations in FY 2006. Chapter 610-X-3, Nursing Education Programs was amended to clarify questions raised by some of the previous rules. The amended chapter became effective in FY 2007.

The regulations specific to the Voluntary Disciplinary Alternative Program (VDAP) were amended in FY 2006. Additional requirements for Board-recognized chemical dependency treatment providers and clarification of initial assessments were the major amendments. The amended rules became effective in December 2005.

A new regulation was enacted in FY 2006 specifying the circumstances when an applicant or licensee is required to give Notice to the Board. Rule 610-X-4-.11, Notice Requirements, requires advanced practice nurses to notify the Board when initial certification occurs. As national certification is a requirement for all advanced practice nursing categories, notice to the Board regarding recertification is also required. A long-standing rule requires licensed nurses to notify the Board for mailing address changes. A licensed nurse's mailing address can be changed online at no charge at any time.

The Alabama Department of Public Health (ADPH) proposed that nurses in the tuberculosis program be allowed to delegate assistance with medications to disease intervention specialists. The Board proposed the rule changes but prior to final certification, the ADPH requested that the Board withdraw the proposed rule. The Board denied final certification of proposed Rule 610-X-6-.14, Alabama Department of Public Health Tuberculosis Program.

Officials from the Alabama Department of Mental Health (ADMH) met with the Board on multiple occasions to discuss the issues impacting their clients/residents/patients. The Board proposed Rule 610-X-6-.15, Alabama Department of Mental Health Community Residential Programs that allowed nurses in those settings to delegate assistance with certain medications to mental health workers. A public hearing was held on the proposed rules. The Board approved final certification of proposed Rule 610-X-6-.15, Alabama Department of Mental Health Community Residential Programs. In December 2005, the Legislative Council heard testimony from the Board, the Alabama State Nurses Association (ASNA), and the Alabama Department of Mental Health (ADMH). The Legislative Council approved the regulations as written and the rule became effective in December 2005.

The Board discussed intravenous (IV) therapy by licensed practical nurses (LPNs) over the past couple of years. Rule 610-X-6-.11 provided limitations on the type of intravenous therapy provided by LPNs. The Board revised the rule to allow an expanded scope of practice for LPNs. The amended rule went through the required filing processes and became effective in FY 2007.

Licensed nurses are held to the legal standards and requirements specified in the Nurse Practice Act and the Alabama Administrative Code. With regular review and changes, the Board no longer mails copies of the Nurse Practice Act and regulations to each individual nurse. The statute and regulations are available for downloading, without charge, from the Board's web site, www.abn.state.al.us.

DECLARATORY RULINGS

Any person or organization substantially impacted by one of the Board's rules may request a declaratory ruling from the Board pursuant to Rule 610-X-1-.09. In addition to relief requested, the petitioner may request the Board's interpretation of a regulation. The Board issued three (3) declaratory rulings in FY 2006.

OPEN FORUM

Cynthia Barginere, MSN, RN: University of Alabama at Birmingham Hospital

On November 19, 2005, the Board granted relief to obstetric clinical nurse specialists. The Board's regulation, Alabama Administrative Code, Rule 610-X-9-.01(1)(c) specified that as of January 1, 2004, Clinical Nurse Specialists (CNS) would be required to have national certification. A national certification examination does not exist for obstetric clinical nurse specialists. The Board determined that obstetric clinical nurse specialists were exempt from the national certification requirement until a national certification examination is developed and available.

Patsy Kennedy, WHNP, RN and Sheryl L. Davis, RN: University of South Alabama

The petitioners requested a written interpretation of the role of licensed practical nurses in interpreting fetal heart monitoring. The Board issued a ruling that the responsibility for fetal heart monitoring (FHM) should be consistent with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) standards. Delegation of FHM procedures, excluding FHM interpretation, should be consistent with the training, education, and experience of the Licensed Practical Nurse (LPN). The facility was further directed to submit a standardized procedure request prior to implementation of the above as defined by Alabama Administrative Code, Rule 610-X-6-.05.

Monica Cauley, MSN, RN: Lurleen B. Wallace Community College—MacArthur Campus

On September 22, 2006, the Board granted relief from Alabama Administrative Code, Rule 610-X-3-.01(5)(c) that required nursing faculty to have a graduate degree in nursing or other health related field. Joy Butler was an applicant for a faculty position and anticipated receiving her graduate degree in nursing in less than six months. Proof of receipt of the graduate degree is required by June 1, 2007 or the approval expires.

All of the Declaratory Rulings issued by the Board are posted on the Board's web site, www.abn.state.al.us.

The Board sets aside one (1) hour of each meeting for Open Forum. Open Forum provides individuals or organizations the opportunity to present information to the Board. The Board does not render decisions during the Open Forum but considers the data and information presented for possible future action.

November 2005

Dr. Ethel Avery Jones presented the findings from her doctoral dissertation, "Educational Mobility among Licensed Practical Nurses: Facilitating and Impeding Factors" at the November 2005 meeting. The Board collaborated with Dr. Jones by providing a list of licensed practical nurses (LPNs) with active licenses.

December 2005

Dr. Jean Lazarus presented information to the Board related to competence research specific for advanced practice nurses. The Board and Dr. Lazarus discussed the direction for the research.

February 2006

Dr. Dan Doleys and Dr. Leanne Cianfrini from the Birmingham Pain and Rehabilitation Institute presented information related to chronic pain management and functionality. Functional testing was discussed as well as management of nurses with chemical dependency and chronic pain.

March 2006

A presentation entitled "Sex Addiction" was presented to the Board members and staff by Nanci Turner-Shults, Ph.D. Dr. Turner-Shults has expertise in working with clients with sex addictions and she discussed common factors, treatment, and assessment. The number of complaints alleging sexual misconduct increased and the Board wanted more comprehensive information about sex addictions.

April 2006

Mr. Mark Wilkerson, Esq., of Wilkerson and Bryan, P.C., provides services to the Board as an hearing officer for contested cases. Mr. Wilkerson and the Board discussed general issues related to nursing practice.

Mr. David Jackson, Chief of Staff; Dr. Richard Powers, Medical Director; Ms. Yvonne Higdon, CRNP, and Mr. Jeff Williams, Quality Enhancement-MR Division of the Alabama Department of Mental Health discussed issues associated with nurse delegation of assistance with certain medication delivery in mental health residential homes.

May 2006

Marilyn V. Whitman, MPA, and doctoral candidate in public administration at Auburn University, presented information to the Board related to her dissertation research, "Linguistic and Cultural Competence in Alabama General Hospitals." The Board agreed to collaborate with Ms. Whitman by posting an online survey for acute care registered nurses on the Board's web site.

June 2006

Dr. Eula Das, Vice-President of Patient Care Services, DCH Medical Center, Tuscaloosa, discussed the need for expansion of licensed practical nurse practice. Intravenous (IV) therapy by LPNs was the main topic of discussion. Dr. Das provided information and support from the Alabama Organization of Nurse Executives. Staff from the Office of Inspector General (OIG), Atlanta Regional Office, presented the requirements for reporting certain disciplinary cases to the OIG. Ellen Brown and Brenda Toney, Investigations Analysts for the OIG, presented detailed requirements of mandatory reporting to OIG of specific discipline actions taken by the Board. The OIG may exclude health care providers from participation in the Medicare and Medicaid program. If an individual is excluded by OIG, providing care to Medicare and Medicaid patients is prohibited.

The OIG database to check for exclusions should be part of the employment process by health care facilities as there are penalties associated with employing individuals excluded from the Medicare and Medicaid program. The free database search is located at www.exclusions.oig.hhs.gov/search.html. The Board reports cases as required to the OIG.

July 2006

Dr. Richard Powers, Medical Director, and Mr. David Jackson, Chief of Staff, Alabama Department of Mental Health, discussed the nurse delegation program identified in Alabama Administrative Code, Rule 610-X-6-15. An update regarding training and implementation was discussed.

September 2006

Penne Mott, MSN, RN, Program Director from Beville State Community College in Sumiton, Alabama, and Dr. Laura Steadman, Director of Health Programs for the Department of Postsecondary Education, presented information about a high school practical nursing program. In addition to Beville State, Dr. Steadman reported that Snead State Community College planned to initiate a high school PN program in the near future.

Also at the September 2006 meeting, Commissioner John Houston, Dr. Richard Powers, and Ms. Yvonne Higdon, CRNP, of the Alabama Department of Mental Health discussed the implementation of the nurse delegation program.

STRATEGIC PLANNING

The Board continued to review progress on the Strategic Plan at each Board meeting. The Board's activities and accomplishments are located in Appendix B.

NURSING EDUCATION

The Board regulates nursing education programs to assure programs are preparing graduates with the knowledge, skills, and abilities necessary to provide safe and effective care for consumers. The Board's statutory authority to regulate nursing education programs is Code of Alabama, 1975, Section 34-21-5. The regulations specific to nursing education are found in the Alabama Administrative Code, Chapter 610-X-3, Nursing Education Programs.

As of September 30, 2006, there were 62 Board-approved nursing education programs in Alabama. The breakdown of nursing programs by type of degree/certificate was:

- 24 Associate degree RN programs (ASN; ADN)
- 15 Baccalaureate degree RN programs (BSN)
- 23 practical nursing (PN) programs (certificate)

A list of all Board-approved nursing programs with contact information can be found on the Board's web site, www.abn.state.al.us.

Evaluation of Nursing Education Programs

Alabama Administrative Code, Chapter 610-X-3, was amended in 2006 and required that each educational program be evaluated annually on attainment of the Board selected outcomes of theoretical and clinical competence; meeting the NCLEX-RN® and NCLEX-PN® passing standard of eighty (80%); submission of a fiscal year annual report; and a comprehensive systematic evaluation plan. The process also requires the educational institution to document compliance with all of the standards for approval of nursing education programs.

During FY 2006, four (4) nursing education programs received initial Notices of Deficiency based upon failure to meet the NCLEX® passing standard for first-time testers in FY 2005. Three (3) of these programs were reviewed on-site and administrators were notified of the consequences of not meeting the standards. Four (4) institutions received Notices of Continued Deficiency with emphasis on the established deadlines and consequences of not correcting the deficiencies by these dates. Three (3) of these programs corrected their deficiency prior to the established deadline and three (3) corrected by the established time. One (1) nursing program failed to correct by the specified time and will be subject to Rule 610-X-3-.08, Nursing Education Program Hearing.

As of September 30, 2006, five (5) RN programs and three (3) PN programs failed to meet the composite NCLEX® passing standard of 80% as is required for approval and received Notices of Deficiency for FY 2006.

National Council Licensure Examination (NCLEX®)

The NCLEX® is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing graduates at entry level. To ensure public protection, Alabama and other jurisdictions, require candidates for licensure to meet established requirements that include passing an examination that measures the competencies needed to practice safely and effectively as a newly licensed, entry-level registered nurse or practical nurse. Forty-five (45) out of 60 boards of nursing require entry-level nursing programs to meet a criterion percentage of first-time writers to pass the licensure examination for unconditional good standing. The criterion percent for first-time writers of NCLEX® who graduated from a Board-approved nursing education program in Alabama is 80%.

The RN pass rate percentages for Alabama have typically been near the national pass rate or up to one percentage point below the national percentage pass rate. However, for FY 2006, Alabama's passing percentage was higher (89.2%) than the national rate (88.3%). The practical nursing passing percentage has typically been one to five (1 to 5) percentage points below the national passing percentage. However, in FY 2006, though small, the Alabama pass rate (88.5%) was higher than the national average (88.2%). Charts comparing six (6) years of pass rates between Alabama candidates and the national average can be found in Appendix C.

The performance of graduates on the NCLEX-RN® according to educational level in Alabama is close both to the Alabama (89.2%) percentage pass and the national (88.3%) pass rate. There are 14 baccalaureate programs and the average pass rate percentage for BSN programs was 90.70 %. There are 24 associate degree programs in Alabama and the average passing percentage was 87.2%. Practical nursing programs in Alabama averaged 88.5% and the national average was 88.2%. NCLEX® pass rates for Board-approved nursing programs for the last three (3) fiscal years is in Appendix C.

The Board also collects information about graduations, withdrawals, and qualified applicants turned away from nursing programs. The data collected during the nursing education annual report for FY 2006 is in Appendix C.

LICENSING

The Board continued to place licensing transactions online. The number of licensed nurses in Alabama remained fairly flat. Although approximately 3,000 newly licensed nurses are added each year, between 3,000 and 5,000 do not renew during each renewal period. The Center for Nursing will explore these changes in the workforce numbers in the near future.

Licensed nurses from other states applying for licensure by endorsement could go to the Board's web site, www.abn.state.al.us, and check the remaining documents required by the Board prior to issuance of a permanent license. Licensure by endorsement requires an official transcript from the nursing education program and verification of licensure from the original state of licensure. The applicant is also required to submit 24 contact hours of continuing education earned within 24 months of the date the application is received in the Board office. Applicants for licensure by endorsement may request a temporary permit that is valid for 90 days and earn the continuing education during that time period.

One of the most exciting changes occurred in FY 2006. Through collaboration with Pearson/Vue, the identified testing service for the National Council Licensure Examination (NCLEX®), the Board now receives test results electronically. Applicants who apply for licensure by examination online can now obtain official test results within 24-48 hours of testing. An online application is required to obtain online test results for security purposes. Those applicants who submit paper applications are unable to obtain online test results.

The ongoing war in Iraq led to more licensed nurses using the special renewal provisions for actively deployed nurses. The application was placed online in FY 2006. Those nurses supporting the country through military service are recognized for the difficulties in obtaining continuing education in a war zone.

Licensing specialists review each application for accuracy and completeness. Incomplete applications are returned to the applicant. The Board approved discontinuation of mailing paper applications for RN renewal that began September 1, 2006. A brochure was mailed detailing the requirements for renewal and advising RNs that a paper application would not be mailed.

A paper application was available for printing by the RN if a paper application was preferred.

The licensing transactions that occurred in FY 2006 are as follows.

Licensed Practical Nurses Licensing Transactions: FY 2006

October 1, 2005 – September 30, 2006

Issued By:	Manual:	Online:
Examination	368	737
Endorsement	142	255
Reinstatement	322	521
Renewal *	8,312	4,862

*Excludes Renewal in September 2005

Registered Nurse Licensing Transactions: FY 2006

October 1, 2005 – September 30, 2006

Issued By:	Manual:	Online:
Examination	288	2,088
Endorsement	631	868
Reinstatement	231	449
Renewal*	1,095	14,547

*Only includes renewals in September 2006

There were three ways to verify licensure of Alabama nurses in FY 2006. A telephone verification line required the input of a license number or social security number. The caller was provided with the name, license status, date of original licensure, and expiration date of the licensed nurse. A second method was the group online license verification service. Subscribers received electronic notification if the individual's license status or expiration date changed. The online subscription service is an active service and does not require the subscriber to remember to check the license status or expiration date. The system notifies the subscriber when changes occur. The online subscription service serves as primary source verification from the Board. The third method was the

individual, official license verification. If a licensed nurse planned to work in another state, and if the other state required verification, the licensed nurse requested official license verification to the other state. In addition, potential employers, schools of nursing, and others may request official license verification. The information regarding official license verification as well as a report of the licensed population of nurses is included in Appendix D.

CONTINUING EDUCATION

The Board continuously seeks new and innovative strategies to assist nurses and continuing education (CE) providers in meeting the requirements of mandatory continuing education. One of the most innovative strategies was the requirement for Board-approved CE providers to electronically submit records of licensed nurses' attendance at CE programs to the Board.

Continuing Education Electronic Notification Process

On January 1, 2006, all Alabama Board of Nursing approved providers were required to submit continuing education (CE) class information electronically to the Board. CE providers received training, one scanner to "swipe" the license card of the nurse, and the needed software. Sixteen training sessions were offered by the Board staff between September and December 2005 at the Alabama Industrial Development Training (AIDT) center in Montgomery. Information technology staff was available to assist providers with the electronic transfer of data.

The training information was placed online in FY 2006. Continuing education providers electronically reported 27,690 classes during FY 2006. At the time of RN license renewal, online verification of continuing education was available for online applicants. The Board continued to implement and improve the processes during FY 2006.

Licensed nurses can go online at www.abn.state.al.us, enter "online services" and click on "Individual CE record." The licensed nurse can enter the CE programs attended that were not provided by Board-approved providers such as out-of-state conferences.

Frequently Asked CE Questions and Answers

Q: How does the Alabama Board of Nursing make electronically transferred class information available to the nurses and providers?

A: This information is made available online at the Alabama Board of Nursing website, www.abn.state.al.us. Nurses may view their individual online continuing education record at the Board's website, www.abn.state.al.us. The individual online continuing education record only reflects continuing education obtained from a Board-approved provider for the current earning period. Nurses can enter and edit CE class information from non-Alabama Board of Nursing providers. Only Board-approved providers can edit the class information submitted electronically.

Alabama nurses can check their CE record at any time. If the nurse makes an entry error the information can be edited. If the nurse identifies an entry error in the class information submitted by the provider, the provider should be contacted.

Continuing education providers can sign in on the Board's website, www.abn.state.al.us and view classes the provider submitted to the Board electronically

Q: Can I edit my online continuing education record?

A: Nurses can edit information they have entered in their online individual CE record. Information submitted by Board-approved providers cannot be edited by the nurse.

Q: My individual online continuing education record does not list all the classes I have taken from a Board-approved provider. What should I do?

A: Contact the CE provider. The provider will be able to tell you if the class has been submitted to the Board. The provider will follow-up with the Board to resolve the problem if necessary.

Q: Will continuing education courses/activities attended in another state count toward license renewal?

A: Courses/activities attended by nurses in another state which are approved by another board of nursing are considered to be acceptable CE activities. The nurse will need to add these classes to their individual online CE record.

Q: Will the Board accept continuing education credit granted by another profession?

A: The Board specified that selected categories of courses or activities which have undergone appropriate review by other State regulatory agencies and professions are acceptable. Examples of acceptable categories include, but are not limited to, courses approved by the Board of Dental Examiners, the Alabama State Bar, the Board of Pharmacy, the Board of Social Work Examiners, the Board of Education, the Alabama Nursing Home Administration Board, the Psychology Examiners Board, and courses classified as Category I Continuing Medical Education by the American Medical Association. If the nurse is granted CE credit, the class information can be added to the individual online CE record.

New Online Course Offerings

The Board offers continuing education courses and non-continuing education courses online at the Board's web site, www.abn.state.al.us. On May 8, 2006, the Board-provided mandatory CE program for nurses licensed by examination on or after October 1, 2002 was placed online. The four (4) contact hour class, "The Role of the Alabama Board of Nursing: Legal, Ethic and Practice Implications" is available for any licensed nurse but is a requirement for nurses licensed by exam. Frequently asked questions that have resulted since the implementation of online CE are:

Q: I need to take the mandatory class. I heard it was offered online. Where can I find this class?

A: Follow the outlined steps:

1. Go to the Alabama Board of Nursing web site, www.abn.state.al.us.
1. After entering the site, select online courses.
3. Before selecting to view a class
 - a. Test your system to determine readiness to view online courses.
 - b. Review Frequently Asked Questions; including system requirements.
4. Select "View Current CE Courses" offered by the Board. You will be required to log in at this point. Log in requires your Alabama nurse license number and the last four digits of your social security number as your pin number.
5. Select and view.
6. If you are required to complete the class you must view each segment of the class to earn the four (4.0) contact hours of continuing education.

Q: Can anyone take the class and receive credit or is it only for the nurses who are required to complete the class?

A: Any Alabama licensed nurse may view the online class and receive credit. If not licensed, you cannot receive credit.

Q: There are segments of the class that I would like to view again. Will I receive credit if I view them in a different earning period?

A: You can only receive credit one time for viewing the class.

Q: I am required to complete the mandatory class. I have viewed some of the segments and I have not received any contact hours. How do I receive credit for the class?

A: If you are licensed by examination on or after October 1, 2002, it is mandatory that you view all segments of the class to receive CE contact hours. After you complete all segments, your online individual CE record will indicate you have been awarded four (4) CE contact hours.

There are online classes that do not offer CE contact hours on the Board's web site. The classes that do not earn CE contact hours are:

- Directions for 2006 Annual Report of Standardized Procedures
- Tricorder - Overview & Software Installation
- Tricom Uploading Data to the Alabama Board of Nursing
- Regulation for the 21st Century: A Visual History of the Alabama Board of Nursing 1915-2000 (video format)

Continuing Education for License Renewal

The Board amended Alabama Administrative Code, Chapter 610-X-10, Continuing Education for License Renewal, effective October 21, 2005 to clarify previous rules. One of the most significant changes was the definition for independent study. Independent study is one of three activities, (1) online or in print nursing journals, (2) presentation to a lay or professional group in a new aspect of nursing, or (3) authoring or contributing to an article, book, or publication; or designing or conducting a research study. All other continuing education is considered attended. The rules specify that a maximum of twelve (12) hours of CE can be earned by independent study. Attended CE contact hours are those earned in a classroom, workshop, seminar, satellite, web cast, internet, correspondence, a learning module or teleconference. Contact hours can not be carried over from one earning period to another.

Currently there are 383 Board-approved providers of continuing education. Board – approved providers are required to comply with regulations in Rule 610-X-10-.03 of the Alabama Administrative Code.

- Board-approved providers are assigned a non-transferable provider number that is “ABNP” followed by four digits. Board-approved providers must list their provider number and expiration date on all course announcements, certificates, and records.
- Board-approved providers can be identified on the Board's web site, www.abn.state.al.us. Select continuing education and then click on provider look up. Select the city and the search will list all the providers in that city.

Board-approved providers must evidence capability to adhere to criteria indicative of quality CE activities for nurses as outlined in Alabama Administrative Code, Rule 610-X-10-.03(1). The criteria include specific requirements such as having an organized educational unit; a program director; policies and procedures that facilitate efficient operation of planned CE activities including maintenance of reports and records; and appropriate educational facilities, resources and instructors. The program director may be a registered nurse, licensed practical nurse, or otherwise qualified individual. If the program director is not a registered nurse, there must be evidence of consultation by a registered nurse. A CE program director that is a registered nurse or licensed practical nurse and fails to comply with the requirements in the rules shall be subject to disciplinary action by the Board pursuant to Rule 610-X-10-.03(6) and Chapter 610-X-8, Disciplinary Actions.

Board-recognized providers include, but are not limited, to the programs approved by state boards of nursing; state nurses associations; national organizations and associations; and Alabama state regulatory agencies.

Q: I attended a program offered by a Board-approved provider and the instructor was not well prepared. How can I report this?

A: Please share your comments with the contact person for the CE provider and the Board. You can contact the nurse consultant in the continuing education area at the Board. Contact information for Board staff is located on the Board's web site, www.abn.state.al.us.

Q: If a CE provider fails to meet criteria, what action does the Board take?

A: The Board may deny or withdraw approval of any provider or continuing education activity. Grounds for withdrawal of approval, identified in Rule 610-X-10-.03(4) include:

- a. Lack of qualified personnel for planning and conducting continuing education for nurses.
- b. Inadequate record maintenance.
- c. Fraud, deception or misrepresentation relating to the educational program.

- d. Failure to comply with request for documents, or submitting false, inaccurate, or incomplete evidence of continuing education programs conducted and certificates issued.
- e. Aiding or abetting a licensee who fails to meet the continuing education requirements by altering or falsifying certificates

Q: Does the Board conduct audits to determine CE provider compliance with regulations?

A: The Board may conduct an audit upon written complaint by any individual for failure of a CE provider to meet criteria for approval. The Board also conducts random audits of providers to determine compliance with criteria.

A list serve was created for continuing education providers to enhance communication between the Board and approved CE providers. Board-approved CE providers can subscribe to the list serve by going to the Board's web site, www.abn.state.al.us and clicking on "continuing education."

**Continuing Education
Random Audit**

The Board conducts audits to determine compliance with requirements for CE for license renewal. An audit consists of a review of CE documentation. Nurses selected for audit are asked to submit records of CE activities/courses completed in the appropriate earning period. The records must be submitted within 30 days of the date the written request is mailed first class to the address of record. The Board will review individual online CE records for all nurses selected for audit.

Failure to comply with requests for documents within the appropriate time results in a late CE compliance fee. Current late CE compliance fees are:

- 1st time \$150.00
- 2nd time \$300.00
- 3rd time \$600.00

Nurses failing to meet CE requirements are subject to disciplinary action by the Board as outlined in Alabama Administrative Code, Chapter 610-X-8 and Chapter 610-X-10 pursuant to the Code of Alabama, 1975, Section 34-21-25.

Failure to meet CE requirements shall be cause for the license to lapse.

A nurse who fails to comply with requests for documents within the time specified or fails to evidence compliance will be selected for audit the subsequent renewal. A registered nurse or licensed practical nurse who fails to comply with reporting requirements, requirements of the audit, requests for documents, or submitting false, inaccurate, or incomplete evidence of meeting CE requirements may be subject to disciplinary action by the Board.

For FY 2006, 429 LPNs were audited during the 2005 LPN Renewal. The following table reflects the results of the audit:

**REPORT OF CONTINUING EDUCATION
AUDIT
2005 LPN RENEWAL**

Selection Criteria	Number Selected
Random Audit (2%)	361
One Previous Violation	60
Two Previous Violations	8
Three Previous Violations	0
TOTAL	429

COMPLIANCE

Licensee Status	CE Audit Status	Number	Percentage
Active	Cleared	348	81.11%
Lapsed	Lapsed*	49	11.42%

*Requested lapsed license.

NON-COMPLIANCE

Category of Non-Compliance	Number/Percentage
No Response*	28* / 5.62%
Response Not Timely	79 / 18.41%
Denied (inadequate hours)	4 / 0.93%

*Did not respond to Notice of Audit Notice of Possible Disciplinary Action mailed.

Selecting an Online Continuing Education Provider

The Board receives numerous calls each year regarding online continuing education providers. If the Board will not accept continuing education credits awarded by a provider, alerts are placed on the Board's web site, www.abn.state.al.us under continuing education. It is recommended that nurses take the following steps before authorizing payment of funds to an online provider:

- Identify who approves or accredits the provider. Continuing education must be earned from a Board-approved or Board-recognized provider of CE. Recognized CE providers include, but are not limited to, the following categories: a state board of nursing, a state nurses association, Alabama state regulatory agencies, national organizations and associations. Chapter 610-X-10, Continuing Education for License Renewal, of the Alabama Administrative Code lists some of the providers that are classified as recognized.
- Contact the organization and verify approval of the provider. Approving bodies maintain lists of who they have approved. For example, the Board has a warning on the web site that CE contact hours from MEDCEU will not be accepted. MEDCEU claims to be approved by the Board and the Alabama State Nurses Association. They are not approved by either. The Board has attempted on numerous occasions to contact this provider to no avail.
- Check for contact information and make contact with the provider. If you are unable

to contact the provider do not utilize this provider for CE. The lack of a physical or email address for the CE provider is a red flag that the provider may not be legitimate.

The Board as a Provider of Continuing Education

The Board provides CE under its approved CE provider number, ABNP0001. The Executive Officer serves as the administrator of the Board's CE unit. During FY 2006, the Board offered 83 CE programs with 1,445 attendees (excluding online courses).

In addition to providing CE, Board members and staff are available to present programs related to Board activities and functions. Board members and staff provided 56 presentations around the state to various organizations. A speaker request form is available for downloading from the Board's web site, www.abn.state.al.us, under "Forms and Other Information." The speaker request form can be downloaded and submitted either by fax or mail.

NURSING PRACTICE

The Board's nurse consultant for nursing practice receives telephone calls and electronic mails on a regular basis related to Board decisions on practice issues. Alabama Administrative Code, Chapter 610-X-6, Standards of Nursing Practice, provides the regulations specific to nursing practice. Scope of practice, individual conduct and accountability, standardized procedures, and other practice issues are addressed by the regulations.

Standardized Procedures

Alabama Administrative Code, Rule 610-X-6-.05, specifies requirements for nursing practice beyond the basic nursing education of RNs and LPNs through the implementation of Standardized Procedures. Nursing practices that are beyond basic nursing education yet within the scope of nursing practice can be described in three (3) general groups according to the statute and regulations in effect:

- **Prior to 1983:**
 - There were no rules defining requirements for instruction or supervised practice.

- Nursing practices evolved, such as specific clinical procedures like dialysis or critical care, which required specific education and experience beyond basic nursing school.
- **1983 – 2001:**
 - Nursing functions recognized by the Board between 1983 and 2001 as practice beyond basic education, under the rules in place at that time. Most of these approvals were published as position statements.
 - Some, but not all, of the functions described in position statements have been incorporated into basic nursing education.
- **2001 – Present:**
 - The Board stopped issuing position statements in 2001 and previous position statements were archived.
 - After lengthy review of the standards of practice for RNs and LPNs, the Standardized Procedures rule for practice beyond basic nursing education was adopted.
 - Facilities wishing nurses to perform procedures beyond their basic education are to submit an application signed by the chief nursing officer, the chief medical officer and the chief executive officer. Accompanying this application must be the policy and procedure, the organized program of study, plan for supervised clinical practice and plan for demonstration of competency.
 - A report from the chief nurse of the facility is submitted annually in a format specified by the Board that identifies the procedures performed by nurses, supervision required and limitations, if applicable.

In 2002, the Board sent out a survey in a checklist format asking Chief Nursing Officers to identify practices beyond basic educational

preparation used in their facilities. In November 2003, the reporting form asked Chief Nursing Officers to list standardized procedures performed in their facilities. An online survey tool was used in FY 2006.

In accordance with the standardized procedure rule, facilities requested approval for nursing staff to perform additional procedures. In addition to the application signed by the chiefs of medicine and nursing and the administrator, each facility requesting that nursing staff be able to perform procedures beyond basic education submitted a policy and procedure, an organized program of study, plan for supervised clinical practice and determination of competency. In the FY 2002 and FY 2003 reports, all facility and agency types were reported together. In response to requests by various facilities, the FY 2006 report reflected specific types of facilities and agencies. Additionally, hospitals were grouped by licensed bed capacity for reporting. The top ten standardized procedures for each type of facility are provided.

FY 2006 Annual Report of Standardized Procedures: Top Ten

HOSPITALS by LICENSED BED CAPACITY: FY 2006

HOSPITALS <50 Beds FY 2006

Resuscitation: ACLS, AED, Defibrillation	Gastrostomy Tubes: Reinsertion of Mature
IV Therapy by LPN including Lock Flushes	Conscious Sedation
Endotracheal Intubation	Tracheostomy Tubes: Reinsertion or Changing
Cardioversion	Central Venous Lines: Access, care, maintenance and removal
Pacemaker: Application of External	Nasogastric Tube Insertion by LPN

HOSPITALS 50-100 Beds FY 2006

Resuscitation: ACLS, Defibrillation, PALS, NALS	Labor & Delivery Nursing Procedures
IV Therapy by LPN including Lock Flushes	Pacemakers: Management & Application of External
Central Lines & PICCs: Insertion, Maintenance, Repair & Removal	Tracheostomy Tubes: Reinsertion or Changing
Conscious Sedation	Anesthetics: Administration/Application of Local
Cardioversion	Endotracheal Intubation

HOSPITALS 101-300 Beds FY 2006

Labor & Delivery Nursing Procedures	Neonatal Nursing Procedures
Conscious Sedation	Pulmonary Artery Catheters: Management & Removal
Surgery Nursing Procedures	Chemotherapy Administration
Resuscitation: ACLS, Defibrillation, PALS	Pacemakers: Management & Application of External
IV Therapy by LPN including Lock Flushes	Cardioversion

HOSPITALS 301-400 Beds FY 2006

Labor & Delivery Nursing Procedures	Dialysis: Peritoneal, Hemodialysis, Femoral Vein Cannulation, Plasmapheresis
Neonatal Nursing Procedures	Resuscitation: ACLS, Defibrillation, PALS, NALS
Pulmonary Artery Catheters, Arterial/Venous Sheaths: Management, Care & Removal	Conscious Sedation
Pacemakers: Application of External & Removal of Temporary	Surgery Nursing Procedures
Central Lines: Insertion, Care, Repair, & Removal	Chemotherapy Administration

HOSPITALS >400 Beds FY 2006

Labor & Delivery Nursing Procedures	Surgery Nursing Procedures
Neonatal Nursing Procedures	IV Therapy by LPN including Lock Flushes
Pulmonary Artery Catheters, Arterial/Venous Sheaths: Management, Care & Removal	Central Lines: Insertion, Care, Repair, & Removal
Conscious Sedation	Chemotherapy Administration
Cath Lab Nursing Procedures	Pacemakers: Application of External & Removal of Temporary

OTHER HEALTH CARE AGENCIES

INFUSION/IV THERAPY COMPANIES FY 2006

PICC Insertion, Removal and/or Care	Central Line Removal
Chemotherapy Administration	Central Line Declotting using Activase
Ports/VADs, Care, Maintenance & Access	Intrathecal & Epidural Pain Management
Administration of IGG, IVIG, RPN and First Dose Antibiotics	Administration of Longer Infusions

HOSPICE AGENCIES FY 2006

Pain Management: PO, SQ, IV, Rectal, Transdermal, Nebulized MS
Central Lines, PICCs & Ports: Access, Care and Management
Gastrostomy Tubes: Reinsertion of Mature
Suprapubic Catheters: Reinsertion of Mature
Tracheotomy Tubes: Changing & Reinsertion of Mature

HOME HEALTH AGENCIES FY 2006

Gastrostomy Tubes: Reinsertion of Mature	Anesthetics: Administration/Application of Local
Suprapubic Catheters: Reinsertion of Mature	Nasogastric Tubes: Insertion of
Tracheostomy Tubes: Changing & Reinsertion of Mature	Wound Vacs: Care & Maintenance
Groshong & Hickman Central Lines: Access, Maintenance & Care	Venipuncture & Lab Procedures by LPNS
PICC Lines: Care &/or Removal of	Debridement of Pressure Ulcers

AMBULATORY SURGERY CENTERS FY 2006

Circulating Nurse Procedures	Specimen Management
Scrub Nurse Procedures	Surgical Counts: Needles, Sponges, Sharps, Instruments
Conscious Sedation	Performing 12 Lead EKGs
Safety with Electrocautery &/or Lasers	Resuscitation
Equipment : Assisting With & Operating	Anesthetics: Application/ Administration of Local

ESRDs (Dialysis Clinics) FY 2006

Initiation of dialysis through Central Venous Catheter (CVC)
Termination of hemodialysis through Central Venous Catheter (CVC)
Initiation of dialysis through Internal Vascular Access
Termination of dialysis through Internal Vascular Access

A common question received by Board staff relates to temporary permits. Temporary permits are issued upon request by a qualified applicant with payment of the appropriate fee. Temporary permits are only issued for first-time applicants for licensure by examination or endorsement. Applicants for reinstatement of a lapsed license are not eligible for a temporary permit. Temporary permits are issued pursuant to Code of Alabama, 1975, Sections 34-21-21(b)(3) and 34-21-22(b)(3) and Alabama Administrative Code, Rule 610-X-4-.07.

Q: What can a nursing graduate do in a facility/ agency with or without a temporary permit?

A: To provide nursing care in Alabama, a nursing license is required. A first-time applicant for licensure in Alabama, including the nursing graduate, may request a nonrenewable temporary permit to practice nursing. The non-renewable temporary permit allows the graduate to practice as a Nursing Graduate-PN Program (NG-PNP) or Nursing Graduate-RN Program (NG-RNP). The nursing graduate must function under direct supervision of a currently licensed registered nurse and shall not assume nor be assigned charge responsibilities. The nursing graduate with a temporary permit should sign first initial, last name, and the appropriate title (NG-RNP or NG-PNP).

Prior to the receipt of the temporary permit, the nursing graduate cannot work in an employment classification that requires a nursing license, including participation in nursing orientation. The graduate without a temporary permit or license must be classified as unlicensed and must follow the policies and procedures for unlicensed personnel in the agency/facility. Nursing procedures and activities that are permitted in the nursing education program under the direct supervision of nursing faculty are not allowed in the work place for unlicensed personnel.

The temporary permit is valid for a period determined by the Board. The temporary permit expires if the applicant fails the licensing examination, once the permanent license is issued, at the time designated on the permit, or if the applicant is denied licensure.

Advanced Practice Registered Nurses

2004 - 2006

Advanced Practice Nursing Category	Fiscal Year Comparison		
	2004	2005	2006
Certified Nurse Midwife (CNM)			
Initial Approval	2	0	4
Active at End of Fiscal Year	33	23	28
Certified Registered Nurse Anesthetist (CRNA)			
Initial Approval	189	98	219
Active at End of Fiscal Year	1389	1131	1319
Certified Registered Nurse Practitioner (CRNP)			
Initial Approval	167	190	220
Active at End of Fiscal Year	1388	1259	1600
Clinical Nurse Specialist (CNS)			
Initial Approval	26	29	14
Active at End of Fiscal Year	132	124	153

Note: Year – to – year fluctuations include failure to maintain national specialty certification in the approved category.

It is the responsibility of the applicant for licensure to provide every employer the temporary permit for visual inspection, inform the employer if the applicant fails the license examination or is denied licensure. If the applicant is successful in passing NCLEX®, the official license card should be provided to the employer once it is received.

As defined in the Alabama Administrative Code, Rule 610-X-4-.07(3), the stipulations that impact the nursing graduate with a temporary permit include:

- The Nursing Graduate must function under direct supervision of a currently licensed registered nurse. The licensed registered nurse must be physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.
- The Nursing Graduate shall not assume nor be assigned charge responsibilities.

Direct supervision is defined in Alabama Administrative Code, Rule 610-X-2-.04(4) as: “licensed registered nurse physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.” In comparison, after receiving the ABN temporary permit, the nurse who is licensed in another state and has applied for Alabama licensure by endorsement, may practice without direct supervision by another licensed registered nurse.

ADVANCED PRACTICE NURSING

Advanced practice nursing (APN) in Alabama includes four (4) categories of advanced practice for registered nurses: certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), certified registered nurse practitioners (CRNP) and clinical nurse specialists (CNS). During FY 2006, more than 3100 RNs held active approval for advanced practice nursing. In addition to the wallet card for an active RN license, the Board issues a wallet card that specifies the effective dates of advanced practice nursing approval. The RN wallet card and the APN wallet card should be presented together for evidence of approval to practice as a CNM, CRNA, CRNP or CNS.

Advanced Practice Specialty Certification Requirements

Beginning in 1982, Board regulations required that APNs have national specialty certification in their area of clinical practice. Rules adopted in FY 2006 specified the responsibility of the advanced practice nurse to provide the Board with official documentation of certification and recertification (Alabama Administrative Code, Rule 610-X-4-.11, Notice Requirements). The brochure for 2006 RN Renewal Information included a reminder about this component of renewal for APNs.

The Board recognizes national specialty certification examinations administered by professional organizations and private corporations. During FY 2006, the Board granted recognition for four new examinations.

- Pediatric Nurse Certification Board (PNCB)
 - Pediatric Acute Care Nurse Practitioner
- Oncology Nursing Certification Corporation (ONCC)
 - Advanced Oncology Certified Nurse Practitioner (AOCNP)
 - Advanced Oncology Clinical Nurse Specialist (AONCS)
- National Board for Certification of Hospice and Palliative Care Nurses (NBCHPN)
 - Hospice and Palliative Care Nurse Practitioner

Joint Committee for Advanced Practice Nursing: Alabama Board of Nursing and Alabama Board of Medical Examiners

The Joint Committee makes recommendations to the Board of Nursing and the Board of Medical Examiners regarding collaborative practice between physicians, CRNPs and CNMs. Three nurse members and three physician members serve staggered three-year terms. By law, the six members include three persons in collaborative practice: one CRNP, one CNM, and one physician.

Joint Committee Members for FY 2006

Jeanne Sewell, MPH, RN, Chairperson
Monroeville

Diantha Miller, MSN, CRNP*
Saraland

Diana Dowdy, MN, RN, CNM*
Huntsville

A. Ray Hudson, MD*
Jasper

David Montiel, MD
Montgomery

Steven Furr, MD*
Jackson
*collaborative practice

Dr. Ray Hudson rotated off the Committee and the Board of Medical Examiners appointed Dr. George C. “Buddy” Smith, Jr., to the position. Diantha Miller, CRNP, and Dr. David Montiel completed their terms in September 2006.

Board member Dr. James Raper, CRNP, was appointed in September 2006 to the Joint Committee for the term 2006 – 2009, filling the position vacated by Ms. Miller. In addition to considering Board members who met the criteria for collaborative practice, the Board invited CRNPs to apply for appointment.

The Joint Committee held six meetings between October 2005 and September 2006. The committee reviewed collaborative practice applications and recommended approval on 796 applications.

Collaborative Practice for CRNPs and CNMs

The Joint Committee recommended clarification in the regulations for collaborative practice. The Board of Nursing and Board of Medical Examiners adopted definitions to distinguish the collaborating physician’s principal practice site from the remote practice sites of CRNPs and CNMs. Additional definitions address physician availability, medical oversight and quality assurance. New regulations for remote practice sites require the

collaborating physician to visit each remote practice site at least quarterly. (Alabama Administrative Code, Rules 610-X-5-.09 and .18).

Seminars on Quality in Collaborative Practice

The Board of Nursing collaborated with the Board of Medical Examiners to develop a presentation for physicians and nurses regarding collaborative practice requirements. Charlene Cotton, ABN nurse consultant for advanced practice nursing, participated in the presentations. The program was distributed by satellite conference/webcast through the Alabama Department of Public Health in addition to regional sessions in Dothan, Mobile, Birmingham, and Huntsville.

Additional Duties for CRNP and CNM Protocols

The Board of Nursing determines whether procedures are appropriate to the scope of advanced practice nursing. Upon approval by the Board of Nursing, the Joint Committee reviews a procedure for addition to the protocols for CRNPs and CNMs.

The Board of Nursing and the Board of Medical Examiners, with recommendation from the Joint Committee, approved protocols for specifically qualified CRNPs and CNMS to perform identified procedures. The approvals included:

- Nasal cauterization with silver nitrate applicator for control of epistaxis.
- Anterior nasal packing for control of persistent epistaxis.
- IUD insertion and Pipelle endometrial biopsy by Family Nurse Practitioner (the procedure was approved in 1997 as an additional duty for Women's Health Nurse Practitioner).
- Spider-vein sclerotherapy with hypertonic saline, after physician evaluation of the patient.
- Removal of epicardial pacing wires, limited to CRNP in collaboration with a cardiac surgeon
- *Colposcopy and colposcopically-directed procedures, limited to Women's Health Nurse Practitioner and Certified Nurse Midwife after completion of the curriculum of the American Society for Colposcopy and Cervical Pathology with supervised mentorship

- *Joint aspiration with and without injection of medication, limited to the shoulder, elbow, knee, ankle, and greater trochanteric bursa (not the hip joint). The Board of Nursing determined these procedures are appropriate to the practice of Acute Care, Adult, Family and Gerontological nurse practitioners, and **are not appropriate** to the defined scope of practice for Neonatal Nurse Practitioner, Women's Health Nurse Practitioner and Certified Nurse Midwife. (Other nurse practitioner specialties will be reviewed upon application to the Board of Nursing.)

*The collaborating physician must request approval from the Board of Medical Examiners prior to delegating these procedures to the Certified Registered Nurse Practitioner.

The Board of Nursing approved "sphenopalatine ganglion block using transnasal approach" and recommended the procedure be added to the CRNP protocol. However, the Joint Committee did not concur with the decision of the Board of Nursing. The recommendation to the respective Boards was denial of the request as the efficacy of the procedure has not been established. Consequently, the procedure and protocol for sphenopalatine ganglion block were not authorized for CRNP practice.

Advanced Practice Advisory Council

In 2006, the Board authorized an Advisory Council for Advanced Practice Nursing. The Board gave the Advisory Council the task of reviewing procedures that have been individually approved for CRNP and CNM practice, but have not been incorporated into the authorized Standard Protocol for CRNP or for CNM (Nurse Practice Act, Article 5, Code of Alabama, 1975, Section 34-21-87). The Standard Protocol was adopted in 1996. Additional duties and procedures have required individual review for each applicant. The Board sought participation and representation from APNs and APN educators. The Board contacted every APN professional organization in Alabama that had an identified contact person. All graduate nursing education programs in Alabama colleges

and universities were invited to send a faculty representative for each specialty track (nurse anesthesia, individual NP specialties, individual CNS specialties, etc. There is no Nurse Midwifery education program in Alabama.) The Advisory Council convened on June 14, 2006, at the Board's offices.

The Council evaluated procedures and made recommendations for specialty-specific protocols to expand the Standard Protocol. The Council has continued to communicate by email to provide the Board with timely information on individual questions, such as colposcopy and joint injections.

CENTER FOR NURSING

The Center for Nursing has as its mission the collection, analysis, and dissemination of data related to the nursing workforce. The Director of the Center for Nursing also conducts regulatory research for the Board. Full implementation of the Center occurred in FY 2006. Research on the current state of health services in Alabama's public schools, a report on the licensure of members of minority groups to practice nursing in the State, and a statistical analysis of annual reports submitted by Alabama's schools of nursing were completed in FY 2006. The Board approved a research plan in FY 2006 that is provided in Appendix E. Research priorities include:

- regulatory research on the consumer's perception of Advanced Practice nurses (Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Certified Registered Nurse Anesthetists)
- regulatory research regarding the complaints against nurses which are received by the Board of Nursing in comparison with discipline which is issued; specific research questions involve complaints brought against foreign-educated nurses and the type of discipline usually issued to this population of practitioners
- a Center for Nursing survey of the registered nurses in the state which will coincide with license renewal and will provide information on the workplace environment of each nurse

At the conclusion of each research project, the results will be statistically analyzed, a report will be written, and results will be posted on the

Center's website, presented at a conference, and disseminated to stakeholders.

SCHOOL NURSE RESEARCH

Since December 2001, registered nurses or licensed practical nurses that provide nursing care in the public school setting through the twelfth grade have been allowed to delegate specific tasks to unlicensed assistive personnel according to regulations implemented by the Board. (Alabama Administrative Code, Rule 610-X-6-.06). However, the school nurse must provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks. School nurses are also required to submit a report to the Board annually which is then statistically analyzed, published in a monograph, and distributed to stakeholders. During FY 2006, a report was received from 132 school systems in Alabama and 1449 reporting schools. Analysis yielded the following results:

TOPIC	NUMBER OF NURSES
Total number of nurses present in Alabama public school systems	1748
Number of nurses needed to work within one classroom of students	86
Number of nurses needed to provide one-on-one care to students	57
Number of students with physician's orders for breathing treatments	711
Number of students with physician's orders for injectable epinephrine for allergic reactions	2164
Number of students with physician's orders for injectable medications such as chemotherapy as well as blood clotting medications to treat hemophilia	4317
Number of students with physician's orders for injectable insulin	1136

Number of students with physician's orders for medications to treat attention deficit disorder and attention deficit hyperactivity disorder	5187
Number of students with physician's orders for medications to treat psychiatric disorders	458
Number of students with physician's orders for intravenous infusion of blood products	22
Number of students requiring gastric tube feedings	337
Number of students requiring glucose monitoring	1671
Number of students requiring tracheotomy care	55
Number of students requiring urinary catheterization	183
Number of students requiring use of a ventilator to breathe	5
Number of students who have been diagnosed with attention deficit disorder or attention deficit hyperactivity disorder	18534
Number of students who have been diagnosed with asthma	35721
Number of students who have been diagnosed with diabetes	1919
Number of students who have been diagnosed with hemophilia	117
Number of students who have been diagnosed with some form of mental illness	2732
Number of students who have been diagnosed with seizure disorder	4240
Number of students who have been diagnosed with some other disorder which was not covered on the survey; these disorders included cancer, various types of cardiac diseases, genetic disorders and their accompanying physical problems, as well as the effects of child abuse and neglect.	63266

A complete statistical breakdown and written report, including school system-specific information, was completed. Results of the school health annual report will be compiled and analyzed yearly. A longitudinal comparison is anticipated so that trends that are occurring in the public school health system in Alabama can be identified.

LEGAL DIVISION

Complaints

The Board received 1,203 written complaints against licensed nurses in FY 2006. The number of complaints received between FY 2003 through FY 2006 is listed below.

Year	Number of Written Complaints Received
FY 2003	826
FY 2004	954
FY 2005	1,004
FY 2006	1,203

The increase in complaints is most likely related to several factors. In December 2001, the Board revised the rules to clarify that each licensed nurse has the accountability and responsibility to report illegal, unsafe, unethical, incompetent or impaired practice directly to the Board. In addition, Board members and staff provide presentations regarding the requirement to report. As a result of increased complaints, the legal division expanded to include a second nurse consultant position and a Deputy Attorney General.

The Board disciplined the license of 497 nurses. Of those disciplined ($n=497$), 277 cases were settled through negotiation and 62 were settled through the formal hearing process. There were 158 nurses who chose to

voluntarily surrender (a self-revocation) their license rather than face disciplinary action. Twenty-one (21) applicants for original licensure were disciplined, nine (9) applicants for reinstatement of licensure were denied, and eleven (11) revoked or lapsed licenses were reinstated through the disciplinary process. The majority of disciplinary cases were resolved within six (6) months from the date of receipt of the complaint. Alleged drug diversion or complex substandard practice cases often required longer than six months to resolve. At the end of FY 2006, there were 360 open disciplinary cases.

Monitoring

Licensed nurses who require monitoring are monitored through the Voluntary Disciplinary Alternative Program (VDAP) or Probation. Licensed nurses monitored in VDAP numbered 285 licensees at the end of FY 2006. Licensed nurses monitored on probation increased from a year end total of 248 in FY 2005 to a year end total of 273 licensees in FY 2006. The Board is exploring various enhancements which would improve the efficiency of monitoring activities.

Substance Abuse

The most common reason for disciplinary action continued to be substance abuse. This category included violations such as misappropriation or diversion of drugs from the work setting for self-use and impairment while on duty. Hydrocodone (Lortab), alcohol and marijuana remained the most prevalent drugs of choice/abuse. Other drugs of abuse included methamphetamine, cocaine, and other mood-altering substances. Of interest in substance abuse cases where there was misappropriation or diversion of drugs from the work setting, was the report of a history of gastric-bypass surgery by some licensed nurses. Cases involving impairment while on duty were also associated with the use of prescription medication. Therefore, the Board added Functional Testing as a component of the disciplinary process.

Substandard Practice

The second most common reason for discipline continued to be substandard practice. Substandard practice violations included falsification of records, omissions of care, significant medication errors, theft or diversion, improper delegation or supervision of care, and professional boundary violations. Following a shift in the proportion of violations that were designated as substandard practice between FY 2003 and FY 2004, the Board initiated an ongoing analysis of substandard practice cases. In FY 2006, there were eighty (80) violations relating to substandard practice. The profile of the licensee committing substandard practice violations was an average of 43 years of age, became a nurse at 29 years of age, and had been a nurse for 14 years.

Specific examples of substandard practice violations included documentation of the administration of medications which were not administered, documentation of assessments which were not performed, documentation of home health visits which were not provided, failure to assess and ensure the rotation of an IV site which developed complications, administration of a medication via an incorrect route, administration of enteral nutrition at an excessive rate, and failure of administratively responsible nurse to ensure verification of licensure.

In FY 2006, the Board approved changes to Board Staff Guidelines regarding illegal practice and violation of a Board Order. This action was based upon a review of illegal practice data which showed various periods of time in which the illegal practice occurred. The review was prompted by an increase in the number of licensees disciplined for working without an active Board-issued license and/or specialty approval. As the number of subscribing employers to the Board's Group Online License Verification system increases, the risk of individuals working without proper authorization from the Board of Nursing is expected to decrease.

Activities of the legal division for FY 2006 are listed in Appendix F .

FINANCIAL REPORT

The Board is funded by fees and fines paid by applicants and licensed nurses. No general fund money is used to fund the activities of the Board. The Board's revenue is higher during RN renewal years and funds revert to the Board of Nursing Trust Fund account to cover expenditures during LPN renewal years when revenue is significantly less. While revenue spikes depending on whether it is an RN or LPN renewal year, expenditures are fairly stable and consistent.

As a state agency, the Board adheres to financial and accounting standards established by the Department of Finance. Every two (2) years, the Examiners of Public Accounts audits the Board for compliance with financial standards.

Comparison of Actual Revenues and Expenditures to Budget

The proposed expenditure budget for FY 2006 was \$4,661,639.00. Total obligations were \$3,955,186.06, or 84.85% of the budgeted amount, a savings of \$376,452.94. The remaining amount reverted into the Alabama Board of Nursing Trust Fund for future use.

Revenues also exceeded expectations. The Board received \$3,374,765.46 and budgeted \$2,670,650.00, an excess of \$704,115.46. One reason for the surplus was a greater number of RNs than anticipated renewed their licenses during September 2006, the first month of the RN renewal period.

The breakdown of revenues and expenditures for FY 2006 are as follows:

REVENUES:	
Licenses and Permits	\$2,484,556.50
Examination Fees	455,945.00
Board Penalties	121,040.00
Miscellaneous Fees	311,655.95
Other	1,568.01
TOTAL REVENUES	\$3,374,765.46

EXPENDITURES:	
Personnel Costs	\$2,693,147.07
Travel Expenses	65,493.84
Operating Expenses	1,043,570.55
Equipment Purchases	152,974.60
TOTAL EXPENDITURES	\$3,955,186.06

Post-Baccalaureate Nursing Education Scholarships

In the past, the Board received funds from the Education Trust Fund for Post-Baccalaureate Nursing Education Scholarships. However, for FY 2006 the legislature did not appropriate any funds thereby eliminating the scholarship program. For FY 2007, funds totaling \$57,000 were appropriated. The scholarships are limited to \$3,800 and a total of 15 scholarships.

Internal Audits

During FY 2006, finance staff conducted internal audits of the fiscal operations and procedural practices. Included in the internal audits were the licensing process from receipt of application and fee to deposit of funds and issuance of a license. Internal audits of disciplinary and voluntary disciplinary alternative processes occurred. Staff compliance with actions related to non-compliance of licensed nursing being monitored also occurred.

Dishonored Checks

The Board began accepting personal checks for payment of fees and fines in July 2001 based on the legal authority to do so in a legislative action. Due to the number of dishonored checks returned by the financial institutions, a considerable amount of resources was expended to collect the original fees plus mandatory "bad check" fees, to pursue disciplinary action against the licensees, and to have warrants issued for the arrest of the guilty parties through the Montgomery County District Attorney's Worthless Check Unit. As a result of the expenditure of resources for a small percentage of applicants and licensees negotiating a worthless instrument (NWI), the Board changed the regulations

specific to personal checks. Current regulations are available on the Board's website at www.abn.state.al.us, in Chapter 610-X-4, Licensure.

The breakdown of dishonored checks received by the Board during FY 2006 was:

Revenue Type	Number of Bad Checks	Total Amount of Bad Checks	Total Amount of Bad Check Fees	Total Amount Due
VDAP Monitoring Fee	2	\$ 1,500.00	\$ 60.00	\$ 1,560.00
Reinstatement of Lapsed License	4	700.00	120.00	820.00
Initial AP Certification	1	150.00	30.00	180.00
Endorsement	2	170.00	60.00	230.00
Duplicate Card	1	25.00	30.00	55.00
Copies	1	6.50	30.00	36.50
Change/Add Collaborating Physician	1	30.00	30.00	60.00
CE Late Fee/Renewal	1	100.00	30.00	130.00
Renewal – Late Fee	16	2,800.00	480.00	3,280.00
Renewal	40	3,000.00	1,140.00	4,140.00
TOTAL	69	\$ 8,481.50	\$ 2,010.00	\$ 10,491.50

As of September 30, 2006, of the \$72,015.40 in bad checks and bad check fees since implementation, \$71,412.40 has been collected, leaving a balance due of \$603.00. Six (6) individuals have been reported to the Montgomery County District Attorney's Worthless Check Unit for collection.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

The Board continued its membership in the National Council of State Boards of Nursing, Inc (NCSBN). As a result of membership in NCSBN, candidates have access to the National Council Licensure Examination (NCLEX®). Board members and staff participate in activities of NCSBN to assure up-to-date information is available for processes related to testing. The Board also receives valuable information related to regulation in other states. Those Board members and staff serving on NCSBN committees were:

Sylvia Homan, RN, MSN, MCSE, Board member, served on the NCLEX® Item Review Subcommittee. The Item Review Subcommittee reviews items for possible inclusion on the examination.

Dr. James L. Raper, CRNP, JD, Board Secretary, served on the Advanced Practice Registered Nurse (APRN) Task Force. The Task Force released a Vision Paper during FY 2006 that resulted in increased discussion specific to the regulation of advanced practice nurses.

Ron Lazenby, the Board's Chief Financial Officer, served on the NCSBN Finance Committee. The Finance Committee reviews revenues and expenditures of the NCSBN.

NCSBN has opportunities for individuals to serve as Item Writers. Clinicians, educators and others who may be interested in volunteering to assist NCSBN with development of NCLEX® can apply online. To apply or read more about volunteer opportunities, go to www.ncsbn.org and click on "NCLEX." NCSBN also hosts an annual one-day conference regarding NCLEX®. More information can be found on the NCSBN web site.

Appendix A:

FY 2006 Board Actions

FY 2006 BOARD ACTIONS

November 2005

- Established Board meeting dates and work session dates for calendar year 2006.
- Elected Jeanne Sewell as President for calendar year 2006; Dr. Elizabeth Stullenbarger as Vice President; and Dr. Jim Raper as Secretary.
- Suspended planning an Eighth Annual Summit as previously held.
- Granted authority to Executive Officer to use her discretion in disseminating information to the press rather than a written policy.
- Approved additional skill: Removal of Epicardial Pacing Wires for CRNPs
- Approved recognition of Oncology Nurse Certification Corporation's Advanced Oncology Certified Nurse Practitioner and Advanced Oncology Clinical Nurse Specialist Exams
- Approved recognition of the National Board for Certification of Hospice and Palliative Care Nurses' Hospice and Palliative Care Nurse Practitioner Exam
- Granted relief from requirement for certification for Obstetrical Clinical Nurse Specialists who meet all other requirements through declaratory ruling.
- Approved membership for Center for Nursing Advisory Council.
- Granted full approval to Faulkner State Community College ADN Program.
- Continued provisional approval to Lurleen B. Wallace Community College ADN Mobility Program for one year.
- Granted full approval to Oakwood College-BSN Program.
- Granted full approval to Snead State Community College-PN Program.
- Granted full approval to Northeast Alabama Community College-PN Program.
- Granted provisional approval to Herzing College, Birmingham, for new PN Program.
- Approved final certification, Chapter 610-X-13, Voluntary Disciplinary Alternative Program
- Approved Standardized Procedure: Insertion of PICC Lines by Modified Seldinger Technique for RNs at Brookwood Medical Center in Birmingham.
- Approved Standardized Procedure: Negative Pressure Wound Therapy (Wound Vac Therapy) for RNs and LPNs at Canterbury Health Facility
- Denied final certification of proposed Rule 610-X-6-.14, Alabama Department of Public Health Tuberculosis Program
- Approved final certification of proposed Rule 610-X-6-.15, Alabama Department of Mental Health Community Residential Programs and provided authority to Ms. Lee to exercise discretion if called before the legislative oversight committee.
- Issued Declaratory Ruling related to Fetal Heart Monitoring by LPNs
- Approved data items for school nurse research for academic year 2006.

January 2006

- President Sewell established Roberts Rules of Order as rules for conduct of meetings for calendar year 2006.
- President Sewell appointed Genell Lee as Acting Parliamentarian for calendar year 2006.
- Directed EO to send letter to Board of Pharmacy regarding proposed rules.
- Reviewed updated financial policies.
- Approved revisions to ABN Administrative Code, Chapter 610-X-1, Organization and Administration. Became effective April 28, 2006.
- Approved applicant Janice Wilmot as CRNP—federal facility.

- Recognized Pediatric Acute Care Nurse Practitioner Examination.
- Approved notice of correction to University of Alabama-Huntsville BSN program.
- Approved Notice of Deficiency to Calhoun Community College ADN Program for not meeting NCLEX® standard.
- Approved Notice of Deficiency to Chattahoochee Community College ADN Program for not meeting NCLEX® standard.
- Approved Notice of Continuing Deficiency to Oakwood College ADN Program for continued failure to meet NCLEX® standard.
- Approved Notice of Continuing Deficiency to Tuskegee University BSN Program for continued failure to meet NCLEX® standard.
- Approved Notice of Continuing Deficiency to University of Mobile-ADN Program for continued failure to meet NCLEX® standard.
- Approved Notice of Continuing Deficiency to Wallace State Community College-Hanceville for continued failure to meet NCLEX® standard.
- Approved Notice of Compliance to remaining RN education programs for meeting outcome standards.
- Approved Notice of Correction to Alabama Southern Community College-PN Program for meeting outcome standards.
- Approved Notice of Correction to Drake State Technical College-PN Program for meeting outcome standards.
- Approved Notice of Deficiency to Southern Community College for failure to meet NCLEX-PN® standard.
- Approved Notice of Deficiency to Lawson State Community College-Bessemer Campus for failure to meet NCLEX-PN® standard.
- Approved Notice of Compliance to remaining PN programs for meeting outcome standards.
- Approved elimination of paper renewal applications for 2006 RN renewal.
- Approved amendments to Rule 610-X-4-.11, Notice Requirements.
- Approved Staff Guidelines for Approval of Standardized Procedures.
- Approved Standardized Procedure for Medical Screening by RN under EMTALA for Woodland Medical Center, Cullman.
- Approved Standardized Procedure for Vaginal Exams to Determine Labor for Medical Center East, Birmingham.
- Approved proposed changes to 2007 NCLEX-RN® Test Plan
- Dr. Stullenbarger agreed to campaign for election as Area III Director at Annual Meeting. Dr. Raper agreed to campaign for election as member of Committee on Nominations at Annual Meeting.
- Approved elimination of pregnancy-related item and emotionally conflicted item from school nurse data item.

March 2006

- Approved Organizational Structure.
- Denied request from Mountain Brook Fire Department for free mailing labels.
- Reviewed office space on third floor of RSA Plaza.
- Provided direction regarding content on brochure for 2006 RN Renewal.
- Provided input on NCLEX online test results.
- Directed EO to respond to NCSBN's APRN Vision Paper.
-

May 2006

- Approved joining Alabama Association of Regulatory Boards.
- Approved leasing of third floor RSA Plaza office space for 15 years.
- Approved supporting approval for CRNPs and CNMs whose educational preparation and certification prepared them to perform colposcopically-directed cervical biopsies and endocervical curettage.
- Approved revisions and additions to ABN Administrative Code, Rules 610-X-2-.05; 610-X-5-.08; 610-5-.19.
- Approved 2006 RN renewal workforce survey.
- Approved revised CE plan.
- Granted Provisional Approval to Jefferson State Community College PN Program
- Approved Mental/Psychiatric Consent Order Shell Document.
- Approved revisions to Guidelines for Informal Disposition of Applications/Disciplinary Cases to cover the approved mental/psychiatric consent order shell.
- Approved changes to consent order shells by removing home health stipulation that allows licensee to request an exception to the restriction of working in home health in disciplinary shells.
- Approved canceling fees for displaced Louisiana nurses.
- Approved administration of Botox as within scope of nursing practice when the nurse is assisting the physician in a medical procedure.
- Elected Dr. Stullenbarger and Dr. Davis as delegates to the Annual Meeting. Elected Ms. Fagan and Ms. Hopkins as alternate delegates.
- Approved collaboration with Marilyn Whitman, doctoral student, to study the linguistic and cultural competence in hospitals with the stipulation that the Board review the data prior to publication.

July 2006

- Granted Provisional Approval to Stillman College BSN Program
- Approved amendments to ABN Administrative Code, Rule 610-X-2-.03, Definitions, Nursing Education Programs
- Approved amendments to ABN Administrative Code, Chapter 610-X-3, Nursing Education Programs.
- Approved revised Staff Guidelines for Disposition of Applications/Disciplinary Cases (illegal practice changes)
- Denied Motion to Modify Consent Order: Gwendolyn Renee Gravette Naugher, 1-029839
- Approved Standardized Procedure for Critical Care Systems—Insertion and Removal of Peripherally Inserted Central Catheters in the Home Setting for Adult and Pediatric Patients with stipulation that confirmation of tip placement occurs prior to initiation of prescribed therapy.

September 2006

- Established Board Compensation at \$150 per day for FY 2007.
- Approved agenda for Strategic Planning Day October 20, 2006.
- Approved that President receive an additional \$150 per month beginning October 1, 2006.
- Approved sending letter to Bonnie Phillips, RN regarding her retirement.
- Approved sending congratulatory letters on behalf of the Board to honorees of Birmingham Black Nurses Association—Dr. Charlie Jones Dickson, Ms. Supora Thomas, and Ms. Cynthia Barginere.

- Evaluated the Executive Officer and approved a 5% merit increase.
- Approved FY 2008 Budget.
- Approved amendments to ABN Administrative Code, Rule 610-X-4-.14, Fee Schedule.
- Appointed Dr. Jim Raper as CRNP to the Joint Committee for Advanced Practice Nursing.
- Approved Joint Aspiration and Injection as an additional duty for CRNPs, and directed AP Advisory Council to develop recommendations for minimum qualifications and additional education considering differences in specialty preparation.
- Directed AP Advisory Council to develop recommendations for minimum qualifications and additional education for CRNPs and CNMs to perform colposcopy with biopsy as an additional skill.
- Approved October 2007 Workforce Summit.
- Issued Declaratory Ruling allowing Lurleen B. Wallace Community College to employ Joy Butler, RN, BSN from September 2006 through May 2007. Ms. Butler required to submit proof of completion of graduate program no later than June 1, 2007.
- Approved amendments to Staff Guidelines for Levying of Administrative Fines
- Selected 15 scholarship recipients and four alternates for FY 2007.
- Approved Standardized Procedure from Dunagan, Yates, and Alison that Donna Watts, LPN could provide skin closure under direct supervision of surgeon and denied designation of Ms. Watts as First Assistant.
- Approved Academic Year 2006-2007 School Nurse Survey.

Appendix B:

**Strategic Plan
and
Accomplishments**

FY 2004-2008 Strategic Plan

Licensing: Assure that licensing of qualified individuals for the practice of nursing occurs in a timely, technologically-advanced, cost-effective manner to increase the availability of licensees while protecting the public.

Performance Measures:

- 100% of applicants that are licensed are qualified according to the law.
- 100% of completed applications are accurately processed within established time frames.
- By FY 2008, 95% of licensing applications occur electronically.
- By FY 2008, 95% of official transcripts are submitted electronically.
- By FY 2008, 60% of all licensing transactions occur electronically.

Strategies:

- Place all licensure applications online. *Timeline: FY 2004 and beyond*
The group online license verification subscription service started January 1, 2004. Applications for licensure by examination went online in April 2004. Licensure by endorsement went online in June 2004. Requests for individual license verification became available August 2004. CRNA and CNS initial applications are next. A postcard was sent to remind RNs about online renewal in June 2004. RN license renewal went live August 31, 2004. A report of problems was provided to the Board in November 2004. As of December 30, 2004, approximately 55% of RNs renewed online. Met with Alabama Interactive staff and prioritized online applications, including advanced practice, actively deployed nurses, and CE providers. The LPN

renewal online application was available online by September 1, 2005. Approximately 35% of LPNs renewed online (up from 22% last LPN renewal). Testing occurred for CRNA and CNS application to be placed online. Actively deployed online application has been tested. As of February 28, 2006, payment of fees and fines online is in the testing phase. Fees and fines payment went online in May 2006. CRNA and CNS application is being tested. 2006 RN Renewal went online August 31, 2006.

- Conduct a compliance audit on a random selection of license applications every quarter. *Timeline: FY 2004-2008*
Ten percent of license applications were randomly selected and audited each quarter. There was 100% compliance with licensing qualified applicants during FY 2004. Ten percent of license applications were randomly selected and audited for the first quarter of FY 2005. There was one licensure by examination application that was completed in pencil and processed in violation of Board policy. A review of criteria will occur in FY 2005 due to the increasing number of online transactions. Audit criteria were reviewed with staff in the third quarter prior to completion of second quarter audits. The FY 2005 audits demonstrated that qualified applicants were licensed. There were some processes that were reviewed and changed as a result of audit findings unrelated to qualified applicant licensure. There were no unqualified applicants licensed in FY 2006.
- Offer receipt of official transcripts electronically. *Timeline: FY 2004 and beyond*
As of February 28, 2006, Jacksonville State University College of Nursing and Registrar agreed to work with us as a pilot to determine if we can establish a mechanism for electronic transcripts or verification of graduation.

- Review licensure rules for possible revision.

Timeline: FY 2004

Accomplished. Board approved final certification of rules in September 2004 and the new licensure chapter became effective November 1, 2004. A notice requirement revision to the licensure rules was approved by the Board in January 2006. A public hearing was held on February 16, 2006 without any commentary. Public comments due by March 7, 2006. Approved by the Board in March. Filed with legislative reference service. Effective April 28, 2006.

- Review Board's position on mutual recognition.

Timeline: FY 2004 and beyond

NCSBN hosted a conference July 10, 2006. Cathy Boden and Mary Ed Davis attended the NCSBN meeting and reported to the Board at the July Board meeting.

- Implement imaging system.

Timeline: FY 2004

The imaging system hardware and software has been installed. The conversion of documents resulted in over 3 million paper and microfilm documents being converted to digital images. Some problems with the vendor resulted in delays of implementation. Meetings occurred in December 2004 to establish project timelines and anticipate completion in FY 2005. Templates established and forms being designed. Current closed legal files imaged in February 2005. CE files are being scanned as of beginning of 2006. Nursing education program files in process of document type development. Advanced practice identification of document types in progress. Design of probation and VDAP monitoring forms was completed and we anticipate using the forms beginning March 1, 2006.

The impact will be a reduction in staff time in documenting receipt of forms as it will occur electronically. We will also have the forms scanned in the event we need to use them for addressing violations of probation or VDAP agreements. Advanced practice files are being imaged and closed nursing education programs are in the queue.

- Evaluate imaging system impact on licensing activities.

Timeline: FY 2005 and beyond

The RN renewal applications started being scanned in January 2005. After establishment of the templates and hiring of a licensing clerk (to fill a vacancy), the process became efficient. LPN renewal applications were scanned as they were processed which made retrieval easier and more timely. Reinstatement, examination, and endorsement applications are scanned once the process is completed or one year has passed, whichever comes first. Thus, we have both complete and incomplete applications in the imaging system. Each staff member has access to the imaging system from the desktop. Financial records are also scanned.

- In five years, integration of imaging system and licensing functions enable electronic transfer of information. *Timeline: FY 2008*
- In five years, interface with ABME database to verify credentialing for advanced practice nurses in collaborative practice. *Timeline: FY 2008*
- Support legislation related to acceptance of digital certificates. *Timeline: FY 2004 and beyond*
- Using PUSH technology, submit license verifications to other state boards of nursing electronically. *Timeline: Begin with NIC-USA Boards in FY 2005 and expand to other boards in FY 2006.*

IT staff discussed the use of PUSH technology with other Boards who also receive services from NIC-USA at the NCSBN IT

conference in Tampa in May, 2005. Due to other issues, this project has been delayed until FY 2007.

Nursing Education Program Approval: Enforce standards and outcomes for nursing education programs in a timely, technologically-advanced, cost-effective manner to assure preparation of qualified

Performance Measures:

- 100% of nursing education programs are monitored for compliance according to established law.
- 100% of non-compliant nursing education programs receive notice of areas of non-compliance with an offer of consultation from Board staff.
- 100% of nursing education programs that do not comply with established standards in the time frame specified by the Board have a hearing as required by law.

Strategies:

- Review annual reports of nursing education programs and provide analysis and information to the Board each January. *Timeline: FY 2004-2008*
Annual reports reviewed and summary report provided to Board. Board approved revised annual report form July 2004. Working with Alabama Interactive to place report on web for data entry and transfer of data to inhouse database. Unable to accomplish for FY 04 and report sent via electronic mail to programs on September 1, 2004. All nursing education programs reviewed by the Board at January 2005 meeting. Hiring of a programmer analyst should enable the nursing education program annual report to become web-based during FY 2005. Richard Boyette, Programmer Analyst, started June 13, 2005. ISD Internet Services also contacted to assist with development. Annual report went online in mid-September 2005 with a deadline of October 31, 2005 for response. All schools

reported online. A report was provided to the Board in January 2006. The annual report is on the August 2006 Work Session agenda for review by the Board. Changes were made and Richard Boyette is working on adding to the report to obtain workforce data from the nursing education programs.

- Send letters of notice of deficiency and visit each program with deficiencies within six months of notice. *Timeline: FY 2004-2008*
Notices of deficiency were sent to the schools following the November 2003 Board meeting. Visits were made within six months of the notices of deficiency. Notices of deficiencies were sent to the schools following the January 2005 Board meeting. Notices of deficiencies were sent to the schools following the January 2006 Board meeting. As of July 1, 2006, no visit to Calhoun Community College had been made.
- At each deficiency visit, identify tools program is using to identify deficiencies in their curriculum and how the data are used to correct the issue(s). Evaluate that corrective action plan is written and implemented in a timely manner. *Timeline: FY 2005 and beyond*
- Provide the Board with a summary report of each program annually with each standard in the rules identified and indication of whether each standard was met. *Timeline: FY 2005 and beyond*
- Conduct hearings for nursing education programs that fail to comply with outcome standards. *Timeline: FY 2004-2008*
First hearing Statement of Charges and Notice of Hearing held March 18, 2004 for University of Mobile-ADN program. Decision made at May 2004 meeting. No other programs required hearings in FY 2004. There are no programs scheduled for a hearing in FY 2005. There are programs in jeopardy of a hearing if their FY 2005 NCLEX scores do not increase to standard. The Board discussed the hearing process at the August 17, 2006 Work Session.

- Review rules for nursing education programs to address distance learning for out of state nursing programs educating Alabama nurses. *Timeline: FY 2004 and beyond*
Proposed revisions to ABN Administrative Code, Chapter 610-X-3, Nursing Education Programs, was on February 16, 2006 Work Session agenda. Reviewed at March 23, 2006 Board Meeting agenda. Reviewed at June 15, 2006 Work Session. On July Board agenda for action. Proposed rules filed with Legislative Reference Service. Public hearing held August 17, 2006. Comment deadline is September 5, 2006.
- Review licensure requirements for mobility and graduate students enrolled in Alabama programs. *Timeline: FY 2004 and beyond*
Amendment to rules approved July 2004 to remove requirement that mobility students be licensed in Alabama. Final certification provided by Board at September 2004 meeting. Changes to education rules become effective November 1, 2004. Impact on Board's finances from eliminating requirement will be evaluated in the future.
- Review licensure requirements for out of state nursing faculty supervising students in Alabama. *Timeline: FY 2004 and beyond*
Reviewed. If practicing nursing in Alabama, license is required.
- Review data collection elements for the nursing education program annual report and use of data to determine effectiveness. *Timeline: FY 2005 and beyond*
Elements of the nursing education annual report were reviewed at the August 17, 2006 Work Session. Additional elements related to workforce issues were identified.
- Review and evaluate scope of practice models. *Timeline: FY 2005 and beyond*

Discipline/VDAP: Enforce scope and standards of practice of licensed nurses in Alabama to assure protection of public safety, health and welfare.

Performance Measures:

- 100% of disciplinary cases are resolved in accordance with the law.
- A majority (greater than 50%) of disciplinary cases are resolved within six months of receipt of initial complaint.
- 100% of VDAP and probation participants are monitored for compliance with Board agreement/order and non-compliance is addressed within established time frames.

Strategies:

- Pursue web-based compliance monitoring. *Timeline: FY 2004 and beyond*

There are two initiatives that impact this strategy. Web-based forms through use of the imaging system is part of the implementation of imaging. Although it has not yet been accomplished, expect it can be accomplished in FY 2005. The other strategy is that the intent is to hire a programmer specifically for web-based applications in FY2005. Richard Boyette, Programmer Analyst, started June 13, 2005. Web-based compliance monitoring is on the list of projects for accomplishment. The first report that will be developed is the Quarterly Employer Reports. Staff in compliance monitoring requested delay until FY 2007 due to increased number of individuals being monitored.

- Analyze the time frames associated with resolution of complaints on a quarterly basis and identify outliers. Timeline: FY 2004-2008

FY 2004: Most outliers were pending criminal cases. The majority of cases were resolved within the six month time frame. FY 2005: Most outliers were pending criminal cases. The majority of cases were resolved within the six month time frame.

A two year review is underway.

- Conduct biannual audits of compliance monitoring to assure that non-compliance is addressed within established time frames. Timeline: FY 2004-2008

Compliance audits started in January 2005. The first audit was used as a training tool for the finance personnel who conduct the audits to become familiar with VDAP and Probation. Criteria for review were established by the Executive Officer. Cases from VDAP and probation were randomly selected and audited. There were identified areas of concern and those issues were addressed with VDAP director and probation monitor. An example of non-compliance is that the audit revealed one VDAP agreement had not been signed by the Executive Officer. Further review revealed nine agreements that required signatures. All of the noncompliance related to signing of agreements occurred in the early employment of the VDAP director. Probation records revealed some differences in what the Board Order required and what was documents in License 2000. Those errors were corrected. The audit and subsequent evaluation revealed staffing issues. A clerical aide started June 6, 2005 to assist the docket clerks for VDAP and probation to catch up. A licensing specialist spent the month of May 2005 addressing issues with the provider of drug screens as a special project and to

provide some relief to the docket clerks. Gail Hampton, DAG, will begin working with docket clerks to proactively work the deficiencies list.

- Implement addictionologist role and evaluate the impact on the Board functions. Timeline: FY 2004 and beyond

Request for position remains in State Personnel. Personnel analysts are working on position. Approved by State Personnel Board March 2004. Requested that register be opened. Met with State Personnel in June 2004. Position posted September 8, 2004. No applicants. Letter sent to Director of State Personnel requesting an increase in the salary scale for the position as directed by the State Personnel Board. No response from State Personnel as of December 30, 2004. Dr. Sandra Frazier applied and was interviewed on February 7, 2005. Dr. Frazier started with the Board March 9, 2005. Activities were identified and Dr. Frazier's focus has been the evaluation of Board-recognized chemical dependency providers. Materials were provided at the August Work Session. Recommendations were made regarding changes to rules as well as shells. The Board made some of the recommended changes and additional providers were added to the list of Board-recognized providers. A treatment provider day occurred January 10, 2006 to address some of the issues with treatment providers. Dr. Frazier resigned effective 2/4/2006 to return to UAB to set up disruptive physician program. A future analysis will occur with presentation to Board. At this point there is no plan to refill the position. A local physician has expressed an interest in the position.

- Provide a list of priorities for Board to determine approach to addiction. Timeline: FY 2005 and beyond
- Review disciplinary shells and VDAP agreement to determine appropriateness of stipulations related to chemical dependency or substance abuse. Timeline: FY 2005 and beyond

Dr. Frazier reviewed stipulations and presented recommendations at the August Work Session. Proposed changes were voted on at the September Board meeting and implemented by staff.

- Evaluate changes in rules for violations and fines to determine impact. Timeline: FY 2004 and beyond

Staff Guidelines for Recommending Levying of Fines approved at November 2004 Board meeting. Reviewed and approved at May 2005 Board meeting following a Board member request to review again. Illegal practice fines and violations included on the February Work Session Agenda. Illegal practice discussed at the June 15 Work Session and is on the July Board agenda for action. Fees and fines were discussed at the August Work Session. Proposed changes to the fee schedule and staff recommendations for levying of administrative fines are on the September agenda for action.

- Address physical and mental impairment of applicants and licensees. Timeline: FY 2005 and beyond

Shell for mental impairment/illness on April 2006 Work Session agenda. Discussed by Board. Approved at May 2006 Board meeting.

- Evaluate issues related to VDAP. Timeline: FY 2005 and beyond

Initial identification of issues provided to the Board by Mary Ed Davis, Director of VDAP, at the April Work Session. Board added strategy to strategic plan in May 2005. Proposed rule changes approved in September. Proposed rules filed with Legislative Reference Service, posted on the web, and sent to interested parties via e-mail. Rules became effective December 27, 2005. Items specific to VDAP were on December Work Session Agenda but the Board ran out of time. Items placed on February 2006 Work Session agenda. Future work session will have treatment providers with health care track present information about advanced practice nurses.

Practice: Develops, implements, and enforces standards of nursing

Performance Measures:

- 100% standardized procedures annual reports are reviewed, analyzed, and evaluated.

Strategies:

- Collect standardized procedures annual reports from health care employers. Timeline: FY 2004
Report forms mailed to health care employers/agencies in December 2003. Reports were due January 25, 2004. Input of data into a standardized procedure database has delayed second notices being sent. Preliminary report provided to Board at June 2004 Work Session. The hiring of a nurse consultant specifically for practice should expedite the review of this process. Carolyn Morgan and Richard Boyette redesigned forms and the reports for hospitals are presently being tested by DCH and Pat LeCroy. Carolyn Morgan and Genell Lee traveling around the state to address CNOs and how to complete the online form. Deadline for hospital submission is

July 28, 2006. Nursing homes, home health, etc will occur this FY as well. An update is provided on the September Practice Report. About half of the health care facilities have responded.

- Revise standardized procedures annual report forms. *Timeline: FY 2005-2008*
Carolyn Morgan, MSN, RN, Practice Consultant, is revising the standardized procedures annual report forms. All the forms were placed online and education occurred throughout the state for CNOs of Hospitals and DONs of Nursing Homes to review the process for reporting.
- Communicate standardized procedures to schools of nursing to influence congruence between practice and education. *Timeline: FY 2005 and beyond*
Carolyn Morgan, MSN, RN, has meeting scheduled with some programs on March 21, 2006 to discuss LPN practice and some of the issues with standardized procedures. She met with the ADN programs on April 20, 2006 to discuss same issues.
- Monitor the evolving practice of nursing as demonstrated by the standardized procedures reports. *Timeline: FY 2004 and beyond*
- Evaluate requests related to community-based care. *Timeline: FY 2004 and beyond*
Alabama Department of Public Health requested change in regulations to allow delegation of assistance with medications by public health nurses to Disease Intervention Specialists (DIS). Letter sent to Dr. Williamson, State Health Officer, requesting more information. Requests from Alabama Department of Mental Health and Assisted Living Association of Alabama occurred. Proposed rules for ADPH and ADMH approved in September. Proposed rules filed with legislative reference service, posted on the web, and sent via e-mail to interested parties. Comments received. Public hearing scheduled October 27, 2005 during the work session. ADPH requested withdrawal of rules related to TB program. ADMH rules approved at

November meeting. Legislative Council met regarding rules in December and approved the rules. Letter sent to Commissioner of Mental Health related to specific requirements needed for Board approval. Carolyn Morgan, MSN, RN, Practice Consultant, is serving as consultant to task force established by Mental Health Commissioner. Mental Health representatives attended April Work Session agenda. Letter sent to Commissioner at direction of Board. On agenda for July Board meeting to review progress. Mental Health representatives will attend the September meeting to review progress.

- Analyze increasing complaints/violations related to substandard practice. *FY 2005 and beyond*
Carolyn Morgan, MSN, RN, and Cathy Boden, MSN, RN, are currently analyzing complaints related to substandard practice. Presented information to the Board at December 2005 Work Session. Additional information requested.

Advanced Practice: Enforces laws specific to advanced practice nursing.

Performance Measures:

- 100% applicants for advanced practice are approved only if qualified in compliance with the law.
- Joint committee meets once per year for statutory compliance. *Timeline: FY 2008*

Strategies:

Conduct quarterly audits of sample of advanced practice approvals to assure compliance with law. *Timeline: FY 2004-2008*

A 10% random audit of advanced practice approvals revealed 100% compliance in FY 2004. A 10% random audit of advanced practice approvals revealed 100% compliance in FY 2005. Compliance occurred in the first three quarters of FY 2006.

- Streamline processing of advanced practice applications. *Timeline: FY 2004*
The initial application for CRNAs and CNSs should be online in FY2005. There have been some changes in processes to attempt to streamline review of the applications. Processes for online applications for CRNPs and CNMs under review.
- Continue to participate in discussions related to reimbursement for advanced practice. *Timeline: FY 2004 and beyond*
CPT code manual and electronic format ordered for Board staff to use in review. Review ongoing. Over 600 codes sent to Blue Cross Blue Shield. Still need to do diagnostic testing CPT codes. Advanced Practice Advisory Council to be initiated in FY 2005 with a focus on diagnostic CPT codes. First meeting of advanced practice advisory council scheduled for April 2006. CPT codes related to infusions sent to BCBS in February 2006. Advisory Council met in June 2006 and will provide information related to CPT codes for diagnostic studies.
- Standardize model practice protocols for advanced practice nurses in collaborative practice. *Timeline: FY 2004 and beyond*
No action in FY 2004 due to Nurse Practitioner Task Force activities. Anticipate Advanced Practice Advisory Council beginning in FY 2005 to address model practice protocols. Consensus was that neonatal nurse practitioners would be first group to address model practice protocols. Advisory Council met June 14, 2006 and began discussions that will evolve into model practice protocols. In addition, Charlene Cotton and Genell Lee met with faculty of the University of South Alabama College of Nursing to discuss model practice protocols.
- Investigate study of consumers' perceptions of advanced practice nurses. *Timeline: FY 2005 and beyond*
Dr. Jean Lazarus returned to the Board as a retired state employee. She presented an outline of issues to the Board at the December 2005 Work Session. Focus groups of advanced practice nurses will be established. Planning of research still in progress. Board approved in July 2006. Focus groups will occur in October 2006.
- Participate in activities or discussions related to access to care. *Timeline: FY 2005 and beyond*
Executive Officer volunteered to work with Alabama Quality Assurance Foundation on issues related to access to care during FY 2005.
- Evaluate evolving roles of advanced practice nurses. *Timeline: FY 2004 and beyond*
Board members have had some discussion about the CNS and the new AACN clinical nurse leader role. Will continue to evaluate. NCSBN released a Vision Paper related to APRN regulation in the next ten years.
- Convene Advanced Practice Advisory Council-Collaborative practice to address model practice protocols and reimbursement issues. *Timeline: FY 2005*
The activities of the Nurse Practitioner Task Force led to a decision not to convene the AP Advisory Council for collaborative practice. Board reviewed concepts at April 2005 Work Session. Membership reviewed at March Board meeting. Intent was to convene in June 2005 but with proposed rule changes, increased complaints related to NPs for working without approval, and Nurse Practitioner Task Force activities, postponed until end of summer or early fall 2005. Convened June 14, 2006.

Continuing Education: Enforce the standards and outcomes established for mandatory continuing education of licensees.

Performance Measures:

- 100% of applicants for licensure have continuing education evaluated for compliance with the law.
- 100% of licensees and providers selected for audit are audited in compliance with the law.

Strategies:

- Implement Board-approved continuing education plan. *Timeline: FY 2004-2008*
Progress continues in implementation of CE plan. Report of progress for each item will be in the CE Report for each Board meeting. CE plan is on agenda for April Work Session to discuss revision. Changes made approved at May 2006 Board meeting.
- Implement electronic reporting of attended CE from Board-approved providers. *Timeline: FY 2005 and beyond.*
Ten CE providers (including the Board's provider unit) were selected for Beta testing of the electronic process. Representatives from providers met with Board staff May 26, 2005 to begin beta testing process. Evaluation forms provided as well as contact information. System to collect questions and responses in progress. Some providers submitted data and Board staff are working on addressing the processing of the information. Beta sites are: Alabama Department of Public Health, Mobile Fire and Rescue Department, Diversified Nursing Services, Inc., Northeast Alabama Regional Medical Center, The Children's Hospital, Russell Medical Center, NurCE (Samford University), Medical Center East, St. Clair Regional Hospital, and ABN. Providers either volunteered or were requested to participate so that various types of providers would be included in the Beta testing. Bid awarded for card readers. .

Training sessions scheduled. Richard Boyette, Programmer, working on process for individual licensees to check online for attended classes as well as CE providers to check classes they submitted electronically. On schedule for full implementation January 1, 2006. Approximately 61 providers did not participate in training and were contacted regarding compliance with law. Providers are submitting data electronically. The true test will occur during 2006 RN renewal.

Center for Nursing: The mission of the Alabama Center for Nursing is to collect, analyze, and disseminate nursing workforce information.

Performance Measures:

- The Center for Nursing collects, analyzes, and disseminates workforce information. *Timeline: FY 2004 and beyond*
- A state plan is developed and implemented for nursing workforce issues. *FY 2005 and beyond*

Strategies:

- Implement Center for Nursing Advisory Council to identify sources of data, types of data, and review potential data elements that require collection. *Timeline: FY 2004 and beyond*
New position approved by State Personnel Board March 2004. Requested that register be established. Met with State Personnel in June 2004. Position posted on September 8, 2004. There were no qualified applicants. Letter sent to Director of State Personnel requesting an increase in the salary range. As of December 30, 2004, no response from State Personnel. Applicant for position interviewed in February 2005. Dr. Gay Allen started March 20, 2005. Advisory council membership recommendations on October Work Session and November Board Meeting agendas. Invitations sent to organizations and individuals. First meeting held January 26, 2006. Work on workforce statistical document in progress. Anticipated will be

online for RN renewal. Draft survey for 2006 RN renewal on April work session agenda. Approved at May 2006 Board meeting and provided to developer for inclusion in RN renewal. Survey in RN renewal process.

- Develop state plan for nursing workforce issues. *Timeline: FY 2005*
Based on staffing issues, plan not developed during FY 2005 or FY 2006. Will address in FY 2007.
- Implement state plan for nursing workforce issues. *Timeline: FY 2006 and beyond*
- Collaborate with other agencies involved in workforce issues. *Timeline: FY 2004 and beyond*
Executive Officer met with various regional hospital councils and discussed the shortage, activities for recruitment, and what the Board intended to do. Met with Department of Workforce Planning February 22, 2005. Contacts identified for Dr. Allen and networking started during Summer 2005. Advisory Council held January 26, 2006. Dr. Terry assumed the director position April 1, 2006. Applied for membership in Forums of Centers for Nursing. Dr. Terry planning a statewide summit on workforce issues if approved by the Board at the September meeting.

Governance: Assure that governance supports the mission, values, vision, and legal mandate of the Alabama Board of Nursing.

Fiscal Accountability

Performance Measures:

- 100% of financial reports are accurate.
- 100% of Board members and staff comply with financial standards.

Strategies:

- Provide annual education to Board members and staff regarding financial standards. *Timeline: FY 2004 and beyond*

Fiscal policies and standards were reviewed at the January 2004 Board meeting. Financial standards related to the audit were discussed at the May 2005 Board meeting. Additional financial policies were addressed at the January 2006 Board meeting. Financial policies addressed with new Board members during orientation in March 2006.

- Identify and address any outliers associated with Board members and staff compliance with financial standards. *Timeline: FY 2004-2006*

Outliers identified by auditor. Expect findings in legal and financial compliance audit, particularly related to travel and theft of funds. Audit not received as of December 30, 2004. Met with auditor in January 2005 to review findings. Audit report received and discussed on May 2005 Board agenda.

- Evaluate fees and fines on an annual basis and evaluate expenditures and revenues for each program activity. *Timeline: FY 2004 and beyond*

Revised fee schedule in effect December 25, 2003. Revised fee schedule in licensing rules that will come before Board in September 2004. FY 06 Budget approved by Board in September 2004. Budget for FY 06 to the Budget Office on October 29, 2004. Fee changes provided to Board in changes in licensure rules and the changes become effective January 1, 2005. Expenditures and revenues for each program activity continues to be evaluated. Fees approved without changes at September 2005 Board meeting.

Fines presently under review and will be presented at August work session. Fines and fees on September agenda for revision.

- Identify and capture external sources of funding for Board projects. *Timeline: FY 2004 and beyond*

Without a researcher, no external sources of funding sought out during FY 04. Although there was a grant available for workforce issues, the deadline was not sufficient for an application to be completed. Resources will be identified once a research plan is developed in FY 2006. Dr. Allen attended a grant-writing course in November 2005 at TSUM. Dr. Terry has identified external funding sources. Dr. Terry is working on a grant proposal to HRSA for funding a workforce summit.

Evidence-Based Decision Making

Performance Measures:

- 100% of Board and staff decisions are based on evidence, information, and analysis of data.

Strategies:

- Continue to implement the APPLE model for evaluation of rules and other applicable Board decisions and actions. *Timeline: FY 2004 and beyond*

APPLE analysis provided for proposed regulations during FY 04, FY 05 and FY 06.

- Develop and implement research plan. *Timeline: FY 2004-2008*

The lack of the nurse workforce researcher once again impacted the ability of developing a research plan. The school nurses throughout the state collected data on the health services provided in the schools for the 2003-2004 academic year. We are nearing completion of the data entry and anticipate a White Paper on School Health in Alabama in FY 2005. Dr. Jean Lazarus is returning to the Board in a retired state employee role to finish writing up her research related to consumers' perception of competence and serve as a resource to Dr. Allen in the investigation of duplicating the study for advanced practice nurses. Dr. Terry will have proposed research plan on June 2006 Work Session agenda. Presented for approval on July agenda. Dr. Terry is writing prospectus information for the various studies and working with Dr. Lazarus on the advanced practice study.

Public Accountability

Performance Measures:

- 100% of Board decisions are posted to the Board's web site and included in the Board's annual reports and newsletters.

Strategies:

- Information about group online license verification subscription services is sent to Alabama health care facilities. *Timeline: FY 2004*

Explanatory letter, subscription form, and flyer mailed to health care facilities in early December 2003. Subscriptions continue. As of September 30, 2004, there were 155 subscribers to the service and we continue to receive inquiries. As of December 30, 2004, there were 175 subscribers. As of February 28, 2005, there were 183

subscribers. JCAHO sent a letter requesting approval of the group online license verification subscription service as meeting new standards that go into effect in Summer 2005. As we answer surveys about our license verification process, we include information about the online subscription service. As of February 28, 2006, there are approximately 222 subscribers. The subscription service is discussed with CNOs at the statewide training for standardized procedures. As of June 23, 2006, there were 225 subscribers. As of September 1, 2006, there are 230 subscribers.

- Post disciplinary action to Board web site within two weeks of Board action. *Timeline: FY 2004-2008*

November 2003 Board actions involving discipline were posted to the Board's web site within the two week time period. 2004 Board actions involving discipline were posted to the Board's web site within the two week time period. November 2004 discipline was posted at three weeks due to impact of renewal and staff time to post the information. January 2005 discipline posted within the two week time frame. May 2005 discipline posted at three weeks due to volume of disciplinary cases and staff vacation. Strategy met during FY 2005 except for November and May when it was one week late. First four meetings of FY 2006, action posted within the two week time frame. Action posted within two weeks.

- Investigate alternative mechanisms for communicating Board decisions. *Timeline: FY 2004*

Agreement with Concepts Publishing, Inc. was not approved by the Governor's office. Company notified. EO to provide information to Board at March 2004 meeting regarding alternatives. Report provided. Board elected to mail Annual Report to each

licensee. Annual Report to printer in April 2004 and mailed to licensees in June 2004. Renewal postcard reminders were mailed to registered nurses in June 2004. We continue to update the web site. Changes will be made to the renewal applications based on feedback from RNs during the 2004 RN renewal. Ron Lazenby is working on forms for LPN renewal now. FY 2004 Annual Report published and mailed to each licensee, other Boards of Nursing, NCSBN, and provided to the Governor as required by law. FY 2005 Annual Report in progress. Programmer adding new information to web site as it occurs. Discussions with ISD to develop List Serve for various groups so that communication can occur electronically.

- Prepare for FY 2004-2005 Sunset Review by the Alabama legislature. *Timeline: FY 2004-2005.*

HB 288 introduced continuing the Board. Passed out of House Boards and Commissions Committee with a favorable report February 16, 2005. Passed by Senate March 16, 2005. Signed by the Governor and Board continued for four more years.

APPENDIX C:

**NURSING
EDUCATION
PROGRAM
INFORMATION**

Approved Licensed Practical Nursing

Name of School/Director of Program	Address/Telephone Number	NCLEX FY 03-04 # Candidates Percent Pass	NCLEX FY 04-05 # Candidates Percent Pass	NCLEX FY 05-06 # Candidates Percent Pass
ALABAMA SOUTHERN COMMUNITY COLLEGE Wanda Whiting, Program Director	P.O. Box 2000 Thomasville, AL 36784 251-575-3156, ext. 238	19 73.7*	29 86.2	25 96.0
BEVILL STATE COMMUNITY COLLEGE Joyce Breed, Chair	P.O. Drawer 9 Hamilton, AL 35570 1-800-648-3271, ext. 5350	149 83.9	129 94.6	163 79.8*
BISHOP STATE COMMUNITY COLLEGE Barbara Powe, Director of Nursing	1365 Martin Luther King Drive Mobile, AL 36603 251-405-4497	35 97.1	12 91.7	8 100
CALHOUN COMMUNITY COLLEGE Jan Peek, Chairperson of Nursing	P.O. Box 2216 Decatur, AL 35609-2216 256-306-2795	79 83.5	70 82.9	46 95.7
CENTRAL ALABAMA COMMUNITY COLLEGE Coosa Valley School of Nursing Dr. Melenie Bolton, Provost, Director of Nursing	34091 US Highway 280 Childersburg, AL 35044 256-378-5576, ext. 6581	31 100.0	36 100.0	46 93.5
CHATTAHOOCHEE VALLEY STATE COMMUNITY COLLEGE Dixie Peterson, Division Chair, Health Sciences	2602 College Drive Phenix City, AL 36869 334-291-4925	28 78.6	56 80.4	26 92.3
DRAKE STATE TECHNICAL COLLEGE Alice Raymond, Department Head, Nursing	3421 Meridian Street North Huntsville, AL 35811 256-551-3148	70 72.9*	97 82.5	45 84.4

FAULKNER STATE COMMUNITY COL- LEGE	1900 U.S. Hwy 31 South Bay Minette, AL 36507 251-580-2293	5 100.0	13 100.0	8 100
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Jean Graham, Director
of Nursing and Allied
Health

GADSDEN STATE COMMUNITY COL- LEGE	P.O. Box 227 Gadsden, AL 35902-0227 256-549-8457	68 89.7	18 88.9	85 97.6
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Brenda Holman, Coor-
dinator

HERZING COL- LEGE	280 West Valley Avenue Birmingham, AL 35209	NA-New Program	NA-New Pro- gram	NA-New Program
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Dr. Jessica Cannon,
Medical Program Co-
ordinator
(205)916-2800
Fax: (205)916- 2807

JEFFERSON STATE COMMUNITY COL- LEGE	2601 Carson Road Birmingham, AL 35215 (205)856-7940			NA-New Program
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Anita Norton,
Interim Director

LAWSON COMMU- NITY COLLEGE - BESSEMER CAM- PUS	P.O. Box 308 Bessemer, AL 35201 205-428-6391, ext. 305	125 80.0	77 76.6*	72 93.1
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Sharon Romine, Coor-
dinator Nursing and
Allied Health Pro-
grams

LURLEEN B. WAL- LACE COMMU- NITY COLLEGE- MACARTHUR CAMPUS	P.O. Drawer 910 Opp, AL 36467 334-493-3573, ext. 275	44 79.5	62 96.8	48 87.5
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Monica Cauley, Chair,
Health Sciences

NORTHEAST ALA- BAMA COMMU- NITY COLLEGE	P.O. Box 159 Rainsville, AL 35986	NA-New Program	9 100.0	21 100
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Dr. Cindy Jones, Di-
rector of Nursing Edu-
cation

NORTHWEST SHOALS COMMUNITY COLLEGE	800 George Wallace Blvd. Muscle Shoals, AL 35662 256-331-5337	35 100.0	34 97.1	21 100
Shelia Smith, Director of Nursing Education				
REID STATE TECHNICAL COLLEGE	P.O. Box 588 Evergreen, AL 36401 251-578-1313, ext. 124	38 84.2	56 87.5	69 95.7
Dr. Shirley Brackin, Chair, Health Careers				
SHELTON STATE COMMUNITY COLLEGE	9500 Old Greensboro Road Tuscaloosa, AL 35405 205-391-2457	39 79.5	64 90.6	70 85.7
Kim Smith, MSN, RN, Director of Nursing				
SNEAD STATE COMMUNITY COLLEGE	P.O. Box 734 Boaz, AL 35957-0734 256-840-4185	NA-New Program	4 100.0	21 100
Susan Carroll, Director of Health Science				
SOUTHERN UNION STATE COMMUNITY COLLEGE	1701 LaFayette Pkway Opelika, AL 36801 334-745-6437, ext. 5510	17 94.1	6 100.0	3 100
Rhonda Davis, Chair, Department of Nursing				
SOUTHERN COMMUNITY COLLEGE	P.O. Box 830688 Tuskegee, AL 36083 334-727-5220	19 84.2	27 70.4*	50 74.0*
Stephanie Mitchell, Director of Nursing				
TRENHOLM STATE TECHNICAL COLLEGE	1225 Air Base Blvd. Montgomery, AL 36108 334-420-4415	31 87.1	30 93.3	29 96.4
Annitta Love, Interim Director, Practical Nursing				
GEORGE C. WALLACE COMMUNITY COLLEGE-DOTHAN	1141 Wallace Drive Dothan 36303 334-983-3521, ext. 332	85 88.2	88 83.0	75 86.7
Gwynn Galloway, Director, Department of Nursing				

GEORGE C. WAL- LACE COMMU- NITY COLLEGE- HANCEVILLE	P.O. Box 2000 Hanceville, AL 35077-2000 256-352-8198	97 88.7	92 81.5	69 75.4
Dr. Denise Elliott, Director, Department of Nursing				
GEORGE C. WAL- LACE COMMU- NITY COLLEGE- SELMA	P.O. Box 2530 Selma, AL 36702-2530 334-876-9335	37 100.0	32 93.8	25 92.0
Veronica Brown, Director, Practical Nursing				
U.S. ARMY RE- SERVE 68 WM 6 PN SCHOOL Program Director	Building 751 5722 Integrity Drive Middleton, TN 38054- 5022 901-874-6069	3 100.0	0 0.00	0 0.00
Alabama Totals		1,173 84.6	1,141 88.2	1,026 88.5
National Totals		47,795 88.9	52,735 89.4	56,843 88.2

* Notice of Deficiency (Mandatory Passing Percentage 80% 10/1/2004)

Approved Registered Nursing Programs

Name of School/ Director of Program	Street Ad- dress/City/ Zip Code/ Telephone Number	Type of Program	NCLEX FY 03-04 Number Candidates Percent Pass	NCLEX FY 04-05 Number Candidates Percent Pass	NCLEX FY 05-06 Number Candidates Percent Pass
ALABAMA SOUTHERN COMMUNITY COLLEGE Brenda Rigsby, Di- rector of Nursing & Allied Health	P.O. Box 2000 Hwy 21 S Monroeville 36461 251-575-3156, ext. 238	ADN	12 100.0	14 85.7	29 86.2
AUBURN UNI- VERSITY Dr. Barbara Witt, Dean	107 Miller Hall Auburn 36849 34-844-5665	BSN	77 88.3	66 87.9	79 92.4
AUBURN UNI- VERSITY- MONTGOMERY Dr. Barbara Witt, Dean	P.O. Box 244023 Montgomery 36124-4023 334-244-3658	BSN	43 90.7	44 97.7	55 98.2
BEVILL STATE COMMUNITY COLLEGE Penne Mott, Divi- sion Chair of Nurs- ing.	1411 Indiana Avenue Jasper, AL 35501 1-800-648- 3271 ext. 5763	ADN	104 97.1	153 91.5	165 90.9
BISHOP STATE COMMUNITY COLLEGE Barbara Powe, Di- rector of Nursing	1365 Dr. Mar- tin Luther King Avenue Mobile 36603 251-405-4497	ADN	20 95.0	23 100	40 100

CALHOUN STATE COMMUNITY COL- LEGE	P.O. 2216 Decatur 35609 -2216 256-306-2795	ADN	92 82.6	114 78.9*	131 84.0
Jan Peek, Chairperson Department of Nursing					
CENTRAL ALA- BAMA COMMU- NITY COLLEGE	34091 US Highway 280 Childersburg 35044 256-378-5576, ext. 6581	ADN	47 80.9	37 97.3	62 79.0
Coosa Valley School of Nursing, Dr. Melenie Bolton, Provost, Direc- tor of Nursing					
CHATTAHOOCHEE VALLEY STATE COMMUNITY COL- LEGE	2602 College Drive Phenix City 36869 334-291-4925	ADN	32 75.0	51 72.5*	42 81.0
Dixie Peterson, Divi- sion Chair, Health Sci- ences					
FAULKNER STATE COMMUNITY COL- LEGE	1900 US Hwy 31, S Bay Minette 36507 251-580 2293	ADN	NA – New Program	19 100.0	21 100.0
Jean Graham, Director of Nursing and Allied Health					
GADSDEN STATE COMMUNITY COL- LEGE	P.O. Box 227 Gadsden, AL 35902-0227 256-549-8320	ADN	45 97.8	62 100.0	88 90.9
Brenda Holman, Chair					
JACKSONVILLE STATE UNIVER- SITY	700 Pelham Road, North Jacksonville 36265-9982 256-782-5428	BSN	72 84.7	73 80.8	104 84.6
Lurleen B. Wallace College of Nursing Dr. Sarah Latham, Dean					

JEFFERSON DAVIS COMMU- NITY COLLEGE	P.O. Box 958 Brewton 36427- 0958 251-809-1600 or 1601	ADN	65 94.4	90 87.8	76 80.3
Ann Mantel, Director of Nursing					
JEFFERSON STATE COMMU- NITY COLLEGE	2601 Carson Rd Birmingham AL 35215 205-856-7940	ADN	43 97.7	85 95.3	82 96.3
Anita Norton, Interim Director of Nursing and Allied Health					
LAWSON STATE COMMUNITY COLLEGE	3060 Wilson Rd Birmingham 35221 205-929-6437	ADN	25 92.0	22 100.0	27 85.2
Dr. Shelia Marable, Chairperson Dept. of Health Professions					
LURLEEN B. WALLACE STATE COMMUNITY COLLEGE, MAC- ARTHUR CAMPUS	P.O. Drawer 910 Opp, AL 36467 (334) 493-3573 #275	ADN Mobility	NA – New Pro- gram	27 44.4*	29 96.6
Monica Cauley, Chair Health Sciences					
NORTHEAST ALABAMA COM- MUNITY COL- LEGE	P.O. Box 159 Rainsville 35986 256-228-6001, ext. 316	ADN	34 97.1	39 94.9	43 97.7
Dr. Cindy Jones, Di- rector of Nursing Education					
NORTHWEST SHOALS COMMU- NITY COLLEGE	2080 College Road Phil Campbell 35581 256-331-6207	ADN	86 77.9	86 81.4	81 87.7
Sheila Smith, Director of ADN Program					

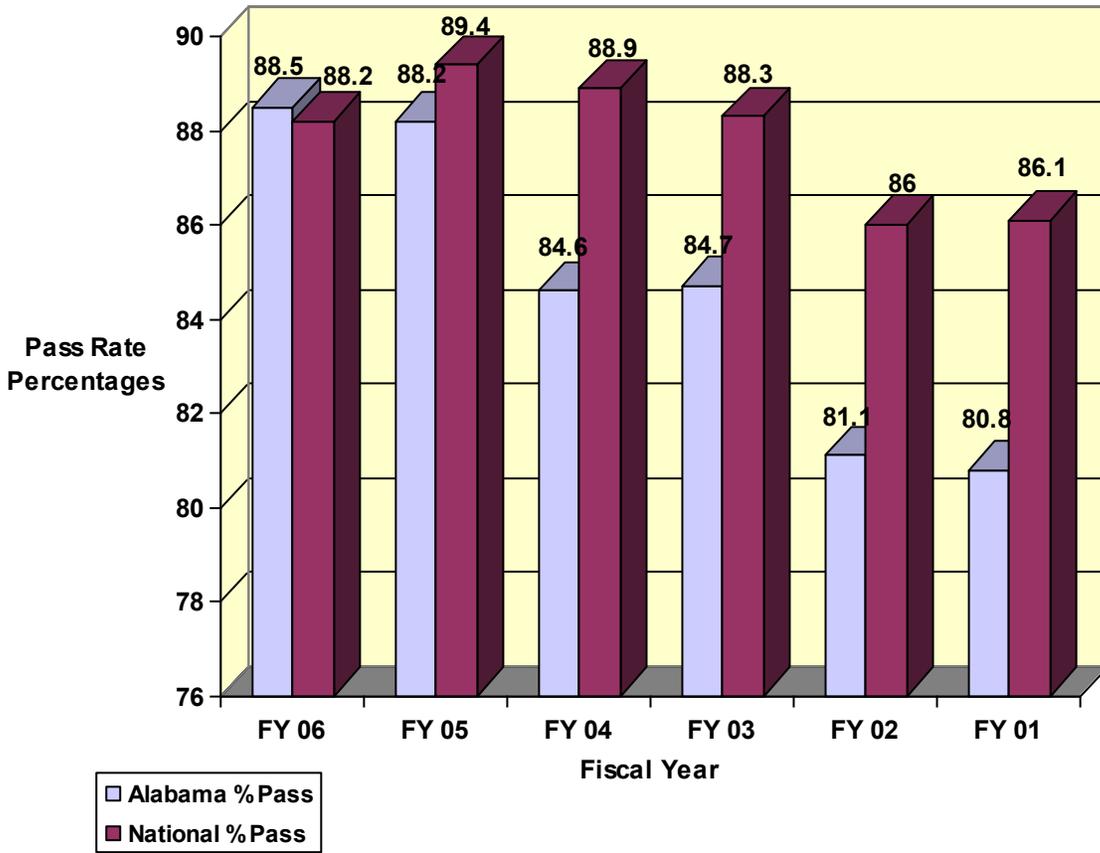
OAKWOOD COLLEGE	7000 Adventist Blvd. Huntsville 35896 256-726-7287	ADN BSN	6 66.7* New Program	2 50.0* 3 100.0	2 50.0* 5 100.0
Dr. Carol Allen, Chairperson Dept. of Nursing					
SAMFORD UNIVERSITY	800 Lakeshore Drive Birmingham 35229 205-726-2861	BSN	49 83.7	44 88.6	51 96.1
Ida V. Moffett School of Nursing Dr. Nena Sanders, Dean					
SHELTON STATE COMMUNITY COLLEGE	9500 Old Greensboro Road Tuscaloosa 35405 205-391-2457	ADN	51 94.1	43 100.0	57 78.9
Kim Smith, MSN, RN, Director of Nursing					
SNEAD STATE COMMUNITY COLLEGE	P.O. Box 734 Boaz, AL 35957 -0734 (256) 840-4185	ADN	NA – New Program	NA - New Program	37 86.5
Susan Carroll, Director of Health Sciences					
SOUTHERN UNION STATE COMMUNITY COLLEGE	1701 LaFayette Pkwy. Opelika 36801 334-745-6437 ext. 5510	ADN	114 80.7	131 87.8	90 84.4
Rhonda Davis, Chair Dept. of Nursing					
SPRING HILL COLLEGE	4000 Dauphin Street Mobile 36608 251-380-4490	BSN	18 94.4	12 100.0	22 86.4
Dr. Carol Harrison, Chair Division of Nursing					
STILLMAN COLLEGE	P. O. Box 1430 Tuscaloosa 35403 205-247-8033	BSN			NA-New Program
Dr. Linda Forte Nursing Administrator					
TROY UNIVERSITY-TROY	Collegeview Boulevard Troy 36082 334-670-3428	BSN	23 95.7	30 86.7	34 97.1
Dr. Bernita Hamilton, Director School of Nursing					

TROY UNIVERSITY MONTGOMERY	340 Montgomery St Montgomery 36104 334-834-2320	ADN	27 96.3	45 91.1	36 91.7
Dr. Donna Bedsole, Director, ASN Program					
TUSKEGEE UNIVERSITY	Basil O'Connor Hall Tuskegee 36088 334-727-8382	BSN	11 54.5*	13 69.2*	16 75.0
Dr. Doris Holeman, Associate Dean/ Director					
UNIVERSITY OF ALABAMA	P.O. Box 870358 Tuscaloosa 35487-0358 205-348-6639	BSN	72 88.9	80 95.0	93 95.7
Capstone College of Nursing Dr. Sara E. Barger Dean					
UNIVERSITY OF ALABAMA AT BIRMINGHAM	UAB Station 1701 University Blvd. Birmingham 35294-7210 205-934-5428	BSN	98 84.7	147 88.4	163 91.4
Dr. Doreen Harper, PhD, RN, FAAN, Dean and Professor					
UNIVERSITY OF ALABAMA IN HUNTSVILLE	301 Sparkman Drive Huntsville 35899 256-824-6345	BSN	93 69.9*	99 82.8	99 90.9
Dr. Fay Raines, Dean					
UNIVERSITY OF MOBILE	5735 College Pkway Mobile, AL 36613-2842 251-675-5990, ext. 253	BSN ADN	14 85.7 63 79.4	20 90.0 57 78.9*	21 76.2* 18 88.9
Dr. Elizabeth Flanagan Dean School of Nursing					
UNIVERSITY OF NORTH ALABAMA	University Box 5054 Florence, AL 35632-0001 256-765-4311	BSN	69 82.6	52 94.2	73 93.2
Dr. Birdie Irene Bailey Dean College of Nursing and Allied Health					

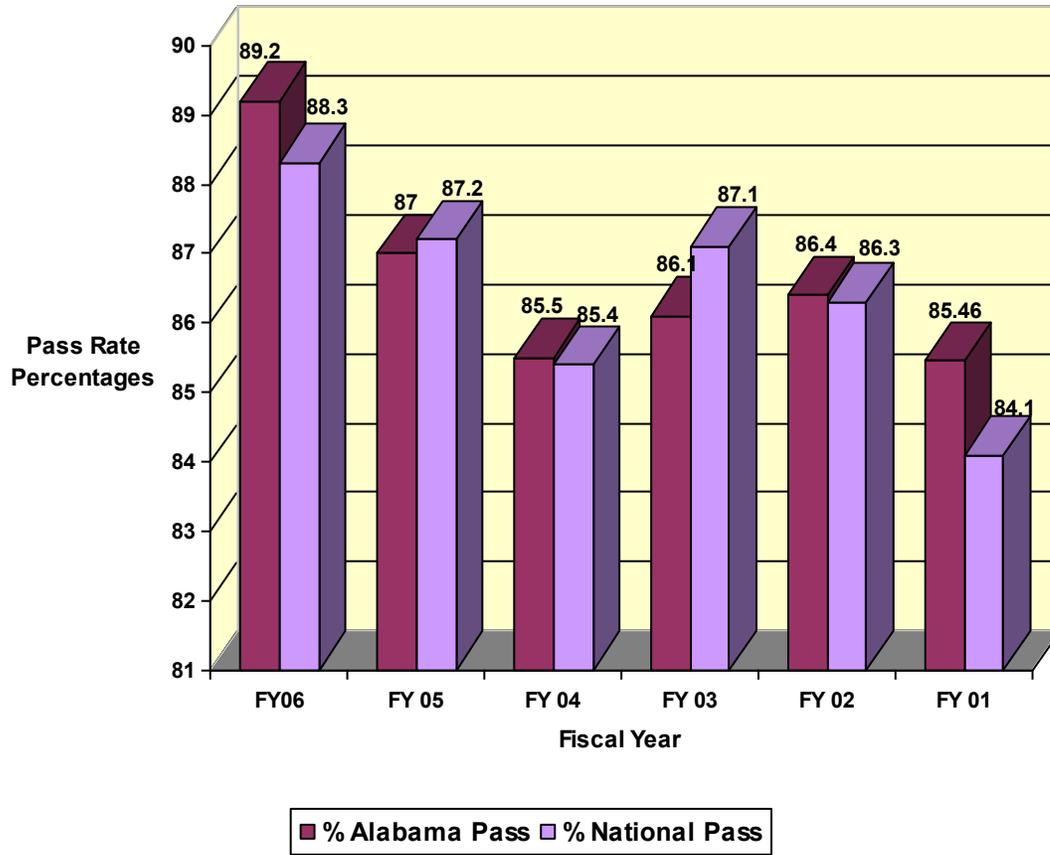
UNIVERSITY OF SOUTH ALABAMA	USA Springhill Avenue Mobile, AL 36688-0002 251-434-3410	BSN	136 94.9	179 92.2	205 92.7
Dr. Debra Davis Dean					
UNIVERSITY OF WEST ALABAMA	Station 28 Livingston, AL 35470 205-652-3517	ADN	36 91.7	32 84.4	58 93.1
Ida D. Pruitt Division of Nursing Sylvia Homan Chairperson					
GEORGE C. WALLACE STATE COMMUNITY COLLEGE-DOTHAN	1141 Wallace Dr Dothan, AL 36303 334-983-3521, ext. 407	ADN	69 76.8	96 89.6	111 77.5*
Jackie Spivey, Direc- tor ADN Program					
GEORGE C. WALLACE STATE COMMUNITY COLLEGE-HANCEVILLE	P.O. Box 2000 Hanceville, AL 35077-2000 256-352-8198	ADN	183 74.3*	221 73.3*	181 89.0
Dr. Denise Elliott, Director, Department of Nursing					
GEORGE C. WALLACE STATE COMMUNITY COLLEGE-SELMA	P.O. Box 2530 Selma, AL 36702 -2530 334-876-9271	ADN	34 97.1	37 89.2	39 97.4
Becky Casey, Direc- tor, ADN					
Alabama Totals			1,981 85.5	2,347 87.0	2,566 89.2
National Totals			85,532 85.4	98,048 87.2	62,348 88.3

* Notice of Deficiency (Mandatory Passing Percentage 80% as of October 1, 2004

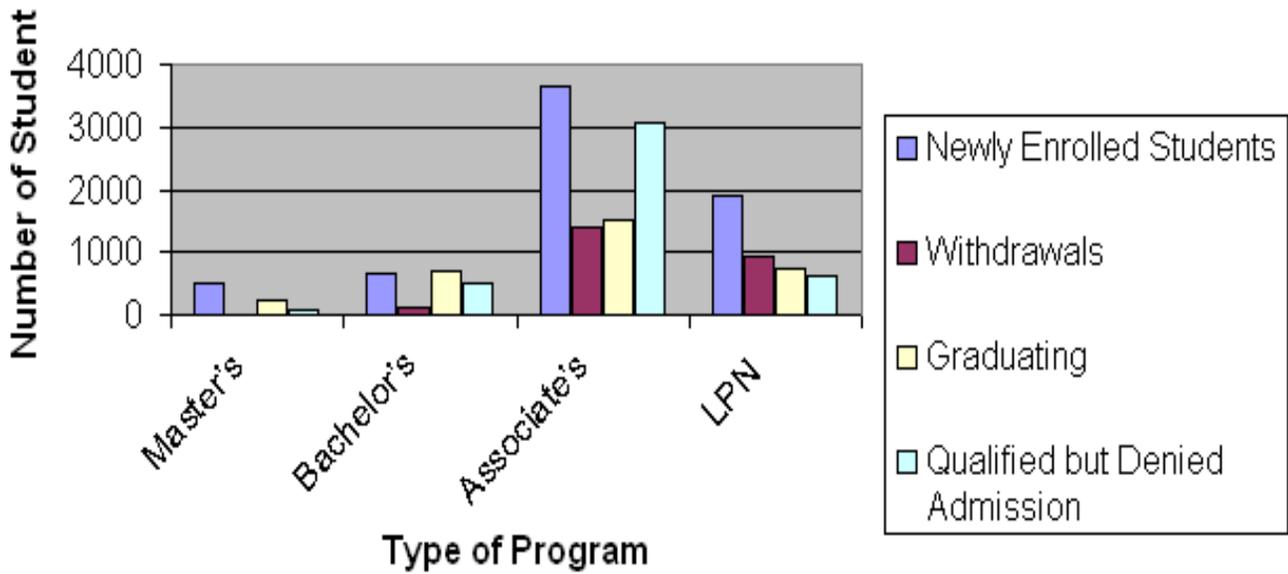
LPN PASS RATE PERCENTAGES



RN PASS RATE PERCENTAGES



Student Enrollment: October 1, 2005-September 30, 2006



	Newly Enrolled Students	Withdrawals	Graduating	Qualified but Denied Admission
Master's	488	19	234	97
Bachelor's	661	105	691	506
Associate's	3651	1408	1496	3065
PN	1921	926	728	632
Total	6721	2458	3149	4300

**APPENDIX D:
REPORT OF THE
NURSING
POPULATION**

2006 ANNUAL REPORT

PRACTICAL NURSES LICENSED IN 1996-2006

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Employed, Nursing	14,412	14,630	15,232	14,610	13,773	14,217	12,105	13,123	13,238	14,684	13,801
Full Time	12,330	12,553	12,916	12,465	12,214	12,570	10,860	11,446	11,538	12,630	11,980
Part-Time	2,082	2,077	2,316	2,145	1,559	1,647	1,245	1,677	1,700	2,054	1,821
Employed, Non-Nursing	628	650	368	374	797	536	461	38	48	321	406
Not Employed	836	948	729	783	1,746	693	571	551	579	693	603
Student*			129	108		155	74	132	132	191	150
Retired*			140	142		160	104	203	206	301	242
No Response	134	124	1,343	1,952	953	2,307	2,954	854	2,308		1,805
Located in Alabama	16,010	16,352	17,045	17,969	17,251	18,073	16,269	14,901	16,511	16,190	17,007
Located out of state	709	809	926	1,195	1,055	1,078	813	547	748	723	935
TOTAL	16,719	17,161	17,971	19,164	18,306	19,151	17,082	15,448	17,259	16,913	17,942

2006 ANNUAL REPORT

REGISTERED NURSES LICENSED IN ALABAMA

1996-2006

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Employed, Nursing	29,863	32,910	33,510	34,047	33,801	34,088	35,966	36,138	37,989	38,427	40,951
Full Time	24,994	27,838	28,256	28,381	28,149	28,737	29,651	29,766	31,185	31,580	33,993
Part-Time	4,869	5,072	5,254	5,666	5,652	5,351	6,315	6,372	6,804	6,847	6,958
Employed, Non-Nursing	1,799	1,380	982	579	797	589	37	62	377	662	1,422
Not Employed	1,497	1,287	1,584	1,641	3,032	1,539	571	1,519	1,678	1,651	1,631
Student*			306	148		174	206	217	250	204	10
Retired*			258	240		174	677	682	850	811	1,012
No Response	937	482	4,437	318	5,285	8,038	2,878	4,319	4,077	418	787
Located in Alabama	34,096	36,059	41,077	40,473	42,915	44,610	40,335	42,937	45,221	42,173	45,813
Located out of state	3,595	2,779	4,934	3,822	6,118	3,541	3,182	3,909	4,882	3,377	3,639
TOTAL	37,691	38,838	46,011	44,295	49,033	48,151	43,517	46,846	50,103	45,550	49,452

FY 2006 Nursing Population by Highest Educational Preparation

Highest Degree	Total	CNM	CNS	CRNA	CRNP	LPN	RN
Associate Degree - Nursing	20257	1		80	7	196	19973
Associate Degree - Other	1022			37		673	312
Bachelor's Degree - Nursing	13630	2	9	211	28	32	13348
Bachelor's Degree - Other	1485			218	4	49	1214
Certificate	6511			29	1	5921	560
Diploma	11894	1		106	17	8550	3220
Doctorate Degree - Nursing	168	1	7	4	15		141
Doctorate Degree - Other	218		5	13	9	1	190
Master's Degree - Nursing	3990	10	115	332	910	4	2619
Master's Degree - Other	1266	3	4	313	10	13	923
No Response	944			7	1	639	297
Unknown	5651			6		1530	4115

FY 2006 Nursing Population by Primary Place of Employment

Where Employed	Total	CNM	CNS	CRNA	CRNP	LPN	RN
Assisted Living	674		1			550	123
Community Mental Health	233		5		7		221
Correctional Facility/Jail	334					334	
Doctor's Office	4686	5	4	10	279	2236	2152
Government Agency	1116		5	2	56	245	808
Home Health Agency	2700		1	1	1	621	2076
Hospice	1901			6	6	376	1513
Hospital	31346	6	69	1149	266	3421	26435
Insurance/Drug Company	772		1	1	3	46	721
No Response	1234	2	1	20	16	170	1025
Not applicable	2930		5	8	28	403	2486
Nursing Home	6654		2	2	23	4692	1935
Other	3130		13	17	66	786	2248
Out-Patient Center or Clinic	3255	5	7	122	158	519	2444
Private Practice	183		2	1	11	155	14
Public Health Department	100		1		5	77	17
Rehabilitation	1						1
Research Center	55					41	14
Sales	19					19	
School K-12	1227		2		4	431	790
School/College of Nursing	1015		20	7	69	34	885
Special Care Assisted Living	58		1		1		56
Student	174				2		172
Unknown	3239			10	1	2452	776

FY 2006 Nursing Population by Primary Area of Practice

<u>Primary Practice Area</u>	<u>Total</u>	<u>CNM</u>	<u>CNS</u>	<u>CRNA</u>	<u>CRNP</u>	<u>LPN</u>	<u>RN</u>
Anesthesia	4					4	
Community/Public Health	2390		5	3	104	720	1558
Critical Care	5534		23	12	44	166	5289
Emergency	3004		1	1	39	221	2742
Geriatric	5731				5	5619	107
Geriatrics/Long Term Care	2226		5	1	25		2195
Home Health	3154			1	2	616	2535
Medical/Surgical	9137		23	89	89	2151	6785
Neonatal	1388		4	1	53	83	1247
No Response	2456	2	2	50	42	647	1713
Not applicable	2591		5	58	29		2499
OB/GYN	707	3		2	11	602	89
OB/GYN, Perinatal	2664	13	3	7	62		2579
Occupational Health	581		1	1	24	128	427
Oncology	1120		5	2	30	132	951
Operating Room/Surgery	3218		1	637	6		2574
Orthopedics	585			1	7		577
Other	10195		15	365	285	2899	6631
Pediatric	714			2	16	624	72
Pediatrics	1935		4	33	75		1823
Post Anesthesia	42					15	27
Post Anesthesia/Recovery	1088		1	4	1		1082
Primary Care	40				16	1	23
Psych/Mental Health	2018		38	1	23	592	1364
Regulatory/Compliance	201		1				200
Rehabilitation	156		1				155
Research	352		2	1	10	52	287
Substance Abuse/Chemical	81						81
Surgery	513			77	2	357	77
Unknown	2355			6		1861	488
Utilization Review/QA/Inf	855			1	1	118	735
Women's Health	1				1		

FY 2006 Nursing Population by Primary Position

Primary Position	Total	CNM	CNS	CRNA	CRNP	LPN	RN
Administrator	993		6		10		977
Case Manager	2142		4		6	132	2000
Certified Nurse Midwife	41	14			3		24
Certified Registered Nurse	2352		7	1142	701		502
Charge Nurse	6438		1	5	4	3206	3222
Clinical Nurse Specialist	362		51	8	6		297
Compliance Officer	92				4		88
Consultant	363		1		2		360
Discharge planner/outcome	60				1		59
Educator	1262		15	4	45	112	1086
Home Health Nurse	1413			1			1412
Infection Control Nurse	151						151
Insurance Reviewer	175				3		172
No Response	1426	1	1	19	9	503	893
Not applicable	1806		5	3	13		1785
Nurse Faculty	71		1	1	7	41	21
Nurse Manager	2398		6		10	141	2241
Nursing Administrator	125				2	83	40
Nursing Faculty	854		13	2	27		812
Nursing Staff Development	147		1		1		145
Nursing Supervisor	1503		1		5		1497
Other	6948	3	19	128	105	2644	4049
Researcher	286		1		2		283
Retired	656		1	1	4		650
School Nurse	724				2		722
Staff Nurse	30212		6	30	26	8033	22117
Student	262				2		260
Support Position (QA/Inf	278					261	17
Surveyor/auditor/regulator	257			2	1		254
Unknown	3239			10	1	2452	776

FY 2006 Nursing Population by Age

Age Group	Total	CNM	CNS	CRNA	CRNP	LPN	RN
Under 21	40					30	10
21 to 35	18,091		10	208	164	4,974	12,735
36 to 45	17,935	4	13	330	277	4,713	12,598
46 to 60	26,165	13	101	678	520	6,378	18,462
Over 60	4,784	1	16	139	41	1,512	3,075

FY 2006 Nursing Population by Age, Male Gender

Age Group	Total	CNS	CRNA	CRNP	LPN	RN
Under 21	1					1
21 to 35	1578	1	98	18	228	1233
36 to 45	1608	1	129	29	251	1198
46 to 60	1893	6	344	37	290	1216
Over 60	197	1	57	1	33	105

FY 2006 Nursing Population by Age, Female

Age Group	Total	CNM	CNS	CRNA	CRNP	LPN	RN
Under 21 years	39					30	9
21 to 35	16513		9	110	146	4746	11502
36 to 45	16327	4	12	201	248	4462	11400
46 to 60	24259	13	95	334	483	6088	17246
Over 60	4587	1	15	82	40	1479	2970

FY 2006 Nursing Population by License Type

License Type	Total	Female	Male
RN	46912	43155	3757
LPN	17608	16806	802
CRNP	1002	917	85
CRNA	1356	727	629
CNS	140	131	9
CNM	18	18	

FY 2006 License Verifications

<u>Board</u>	Total Verifications	Non Resident	Resident of Alabama
NON BOARD	2872	510	2362
Alaska	11	4	7
Arizona	25		25
Arkansas	3	1	2
California	100	10	90
Colorado	16		16
Connecticut	42	30	12
Delaware	2		2
District Of Columbia	3	1	2
Florida	183	50	133
Georgia	134	23	111
Hawaii	33		33
Illinois	27	15	12
Indiana	26	18	8
Kansas	2		2
Kentucky	13	1	12
Louisiana	55	8	47
Maine	1	1	
Maryland	10	1	9
Massachusetts	67	46	21
Michigan	31	16	15
Minnesota	4	1	3
Mississippi	109	17	92
Missouri	3	1	2
Montana	32	28	4
Nebraska	2		2
Nevada	60	5	55
New Hampshire	2		2
New Jersey	72	25	47
New Mexico	11	1	10
New York	41	4	37
North Carolina	40	5	35
North Dakota	2	2	
Ohio	1		1
Oklahoma	11	1	10
Oregon	5	2	3
Pennsylvania	37	5	32
Rhode Island	9	6	3
South Carolina	17	1	16
Tennessee	85	7	78
Texas	43	14	29
Utah	2		2
Vermont	6		6
Virginia	22	5	17
Washington	12	4	8
West Virginia	1		1
Wisconsin	10	6	4
Wyoming	1		1

Appendix E:

**Approved Research
Plan**

THREE YEAR RESEARCH PLAN

PURPOSE:

Develop a research agenda that:

- (1)is responsive to the Alabama Board of Nursing's purpose**
- (2)is cost and time effective and**
- (3)establishes parameters for obtaining evidence that will evaluate effectiveness of nursing regulations and support changes in regulations to the end of public safety and welfare**

PROPOSED STUDIES

<p>Workforce CENTER FOR NURSING</p>	<p>Consumer perceptions of advanced practice nurses</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18)</p>	<p>Targeted for grant</p>	<p>(a)How do Alabama’s consumers perceive Advanced Practice nurses? (b)What are the factors that would increase the public’s positive perception of Advanced Practice nurses? (c)Are Alabama’s consumers more or less likely to seek health care from an Advanced Practice nurse as opposed to a physician?</p>	<p>Time Frame (PRIORITY TOPIC): 2006-2009 for completion of project; 1 year for completion of prospectus if funding obtained Resources: North Alabama Nurse Practitioner Association; American Academy of Nurse Practitioners Projected Data Collection Method: Survey</p>
		<p>RATIONALE: A major 21st century need of state governments is an action plan to provide for qualified personnel to address the health needs of a demographically dynamic and diverse society. Such a plan should be well coordinated with national and international health contingencies, and should address an increasingly violent world, multilingual and transitory populations with cultural health considerations, an increasingly graying population with long-term health issues, unstable environmental conditions with known health concerns, migratory global infectious health problems, and challenging genetic conditions, as well as major known acute and long term diseases (National Academies, 2001; Safriet, 1992; Pruitt, et al., World Health Organization, 2005).</p>			
		<p>Experience has shown that basic nursing skills are foundational to meeting health care delivery needs. Additionally, advanced knowledge and practice in nursing and administration have been shown to be valuable in executing health care delivery in increasingly complex technological delivery systems, to provide consumers options for nonphysician providers for diagnosis and treatments, and to provide leadership across a diversity of health care delivery situations. Given positive outcomes research on patient satisfaction, APNs have the potential to be major players in this vast arena (Spatz, 1996). From a regulatory perspective, the critical factor is to assure that nurses including advanced practice nurses are competent to meet practice demands in the interest of public safety (Whittaker, Smolenski and Carson, 2000).</p>			

<p>Workforce CENTER FOR NURSING</p>	<p>Changes in Alabama's nursing workforce in terms of ethnic origin and gender</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18)</p> <p>RATIONALE: The new immigration patterns have forced some demographers, such as the University of Michigan's William Frey, to reassess their 1990s analysis of America's changing racial profile. Formerly Frey saw America as divided between immigrant locales, such as Los Angeles and New York, and areas like Las Vegas and North Carolina that were primarily drawing domestic migrants. Although the aforementioned locales remain the dominant immigrant centers, Frey suggests a more diverse profile is now emerging in some new areas outside the traditional coastal "gateway" centers. Between 2001 and 2050, according to the U.S. Census projections, the nationwide Hispanic population is expected to rise by over 200% while the Asian population is slated to grow by 400%. This compares to a mere 50% increase for the overall population, and a mere 29% for whites (Johnson, 2001).As immigrants from other countries arrive in Alabama and begin seeking health care, it will be imperative that the State's nursing workforce is prepared to care for culturally diverse populations. In order for this to occur, not only must nurses be culturally sensitive to the needs of non-native patients, but nurses from every minority and ethnic group must be recruited in order to ensure that an increasingly diverse patient population is receiving high-quality care that is in accordance with their cultural beliefs.</p>	<p>Targeted for grant</p>	<p>(a) Are there political and cultural factors that are keeping males and minorities out of Alabama's nursing profession? If so, what are they? (b)Is nursing as a whole in Alabama predominantly a Caucasian profession? How does this compare to nursing nation-wide? (c) Are there less males and people of color in the nursing population as compared to other workforce populations in Alabama? (d)Has the percentage of males and racial minorities being licensed in Alabama increased or decreased within the past decade? (e)If a change has occurred, what are the associative factors? (f)Is the percentage of Hispanic nurses being licensed in Alabama increasing? Where is the primary practice site for this population of practitioners?</p>
<p>Regulatory LEGAL</p>	<p>Impact of Rules on Reported Complaints</p> <p>Frequency of discipline and populations disciplined</p> <p>Demographic profile of nurses on whom disciplinary action has been taken for violations of the NPA</p> <p>Practice error profile of nurses on whom disciplinary action has been taken</p>	<p>Conduct investigations, hearings and proceedings concerning alleged violations of this section or of the rules and regulations of the board. CODE OF ALABAMA §34-21-2 (7)</p> <p>RATIONALE: Reporting of unsafe nursing practice is mandatory according to ABN regulations. Failure to report illegal, substandard, unethical, unsafe or incompetent nursing practice is a violation which is itself worthy of disciplinary action (Alabama Board of nursing Administrative Code). It is known that since the implementation of mandatory reporting, the volume of complaints being filed against nurses has increased greatly. In order to protect the public and simultaneously provide culturally divergent care, it must be determined if males and minority nurses are being disciplined more frequently than other nurses.</p>	<p>Targeted for grant</p>	<p>(a) What is the profile of the nurse who has multiple complaints and violations over time (recidivism)? What type of discipline is typically imposed on this population of licensees? (b)Do males and minorities tend to sustain discipline more or less frequently in comparison with female nurses? (c)Do foreign-educated nurses tend to be disciplined more or less frequently in comparison with American-educated nurses? (d) What are the changes related to mandatory reporting that have resulted in an increase in the number of complaints? (e)Are practice errors more frequent on licensees who have a known history of substance abuse as opposed to licensees who are perceived to be drug free? (f)Do nurses who report a "Yes" answer on renewal application questions involving report of past criminal activity involve themselves in the illicit activity before entering nursing school or after entry occurs? (g)Are complaints involving report of fraud and deceit increasing? (h)Are complaints involving report of imposters increasing?</p>

INTERNAL REVIEWS

<i>Type of Investigation and ABN Section Responsible</i>	<i>Topic</i>	<i>Statutory Authority for Investigating a Particular Topic and Rationale</i>	<i>Estimated Cost</i>	<i>Research Question Generated</i>	<i>Feasibility of Conducting Project (Priority of Topics to be Determined by Board)</i>
<p>Workforce</p> <p>CENTER FOR NURSING</p>	<p>Impact of nursing education faculty shortage on student population</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18); Prescribe standards and approve curricula for nursing educational programs preparing persons for licensure under this chapter CODE OF ALABAMA §34-21-2 (2).</p> <p>RATIONALE: The lack of nursing faculty in nursing educational programs is an identified aspect of the current nursing shortage. Linda Hodges, President of the Southern Regional Education Board, indicated as early as 2001 that the shortage of nursing faculty was already worsening in member states, one of which is Alabama (SREB, 2001). In Alabama as well as in other states, students who are interested in a career in nursing are being turned away from admission into colleges because of a shortage of nursing faculty. As the nursing workforce continues to dwindle, it will be imperative that the numbers of nursing faculty be increased in order to allow for recruitment of increased numbers of students.</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)What are the current trends in faculty vacancies? (b) Which areas of the State are experiencing the greatest deficits in nursing faculty? (c)Why are certain locations and certain programs experiencing difficulties in both attracting and maintaining sufficient numbers of nursing faculty? (d)What factors are associated with attracting and maintaining sufficient numbers of faculty? (e)What is the current capacity of programs to accept qualified student applicants? (f)Are applicants being turned away because of overall insufficient numbers of faculty? Are the insufficient numbers of faculty by teaching or clinical specialty? (g)What is the current profile of nursing faculty member, including deans and program directors? (h)What trends are emerging from the Nursing Education Annual Report? (drop-down menu) (i)What are enrollment and graduation rates of graduate nursing programs? (j)How many graduates are planning to work in nursing education? (drop-down menu for other areas of work) (k)What percentage of graduates of Alabama's graduate nursing education programs work in the State after they complete their programs of study?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: existing ABN data on nursing education (Nursing Education Annual Report); Board members and Advisory Council members who are affiliated with higher education; Southern Regional Education Board Projected Data Collection Method: brief e-mail questionnaire to Administrative heads of Schools of Nursing from Executive Officer</p>

<p>Workforce CENTER FOR NURSING</p>	<p>CE requirement for licensure and its impact on the workforce</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18)</p> <p>RATIONALE: It is already known from research that mandatory continuing education promotes competence in nursing practice and is a mechanism for enhancing public protection (Lazarus, Permaloff, and Dickson, 2002). However, from a practice perspective, nurses continue to demonstrate noncompliance with the requirements despite the need to expose themselves to new knowledge in their field of practice. From a workforce perspective, nurses who fail to comply with mandatory CEU requirements receive disciplinary action and are temporarily unable to practice until requirements are fulfilled. This succeeds in straining an already thinly stretched nursing workforce.</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>How has the mandatory CE requirement for nurses licensed by exam on or after October 1, 2002 impacted nursing practice?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: Continuing Education Division of ABN Projected Data Collection Method: survey</p>
<p>Workforce CENTER FOR NURSING</p>	<p>VDAP/ Legal-profile of typical substance abuser</p>	<p>Conduct investigations, hearings and proceedings concerning alleged violations of this section or of the rules and regulations of the board. CODE OF ALABAMA §34-21-2 (7)</p> <p>RATIONALE: Sullivan and Decker (2001) state that substance abuse is the number one reason named by State Boards of Nursing for disciplinary action of nurses. Despite the importance of confidentiality, in order to ensure the safety of the public, nursing as a profession must be proactive in its response to substance abuse and diversion among its members. As the existing nursing workforce dwindles, the existing practitioners must practice acceptable coping methods in order to prevent substance abuse, and nurses who are already diverting must be quickly identified and placed in treatment in order to maintain the viability of their careers (Hrobak, 2006).</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)What is the rate of maintaining sobriety or being drug free for a chemically dependent nurse who is reinstated after revocation of license? (b)Is there a correlation between the clinical focus and location of practice and potential for substance abuse/addiction?</p>	<p>Time Frame: time frame contingent on funding obtained; longitudinal study over a 5-year time period focusing on recidivism Resources: Legal Division of ABN; VDAP Program of ABN Projected Data Collection Method: interviews accompanied by in-depth review of Board records</p>

<p>Workforce CENTER FOR NURSING</p>	<p>Practice-numbers of vacancies, practice roles</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18)</p> <p>RATIONALE: According to the American Association of Colleges of Nursing (2005), policymakers now recognize that education makes a difference in providing safe and appropriate patient care. Nursing's role for the future calls for nurses to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with a knowledge of community resources. The increased complexity of the scope of practice for the nurse requires a workforce that has the capacity to adapt to change. Educationally, all nurses now must be schooled in critical thinking and problem solving skills and must develop the ability to analyze and communicate data effectively.</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)Are RNs and LPNs practicing within their legally defined parameters? If variation is detected, what areas are most prominently affected? (b)What are the vacancy rates for RN and LPN in various settings, particularly facility vs. community settings? (c)What are the identified roles for LPNs, RNs, and APNs who practice in various settings, particularly comparing facility and community settings?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: Alabama Hospital Association, Alabama Rural Health Association, Alabama Public Health Projected Data Collection Method: questionnaires accompanied by in-depth review of Board records</p>
<p>Regulatory NURSING EDUCATION</p>	<p>Distance learning for out-of-state nursing programs educating Alabama nurses</p>	<p>The Board is authorized to: Prescribe standards and approve curricula for nursing educational programs preparing persons for licensure under this chapter; provide for surveys and evaluations of such programs at such times as it may deem necessary; approve such nursing educational programs as meet the requirements of this chapter and the board. CODE OF ALABAMA §34-21-2 (2-4)</p> <p>RATIONALE: The last ten years have seen the widespread development of communication coupled to network computing. This has opened up a broad set of teaching and learning opportunities, allowing a new emphasis on interaction and concept exploration. Studies have shown that distance learning courses are particularly effective with graduate level students. However, it is clear that distance learning courses are available for basic nursing concepts. As such distance learning courses increase, their ability to produce viable nurses who are capable of remaining long-term in the workforce must be assessed. If in fact distance learning nursing programs produce a less effective nursing professional, such programs will contribute to the existing nursing shortage as their graduates are unable to function in the workforce (Valenta, Theriault, Dieter, and Mrtek, 2001).</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)How many Alabama nurses are currently licensed and graduated from a distance learning program? (c)How many nurses on a LPN-to-RN track are using this type of program? Why does such a program appeal to them?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: Nursing Education Division of ABN; Legal Division of ABN Projected Data Collection Method: questionnaires</p>

<p>Regulatory VDAP</p>	<p>Issues related to VDAP</p>	<p>Conduct investigations, hearings and proceedings concerning alleged violations of this section or of the rules and regulations of the board. CODE OF ALABAMA §34-21-2 (7)</p> <p>RATIONALE: Sullivan and Decker (2001) state that substance abuse is the number one reason named by State Boards of Nursing for disciplinary action of nurses. Despite the importance of confidentiality, in order to ensure the safety of the public, nursing as a profession must be proactive in its response to substance abuse and diversion among its members. As the existing nursing workforce dwindles, the existing practitioners must practice acceptable coping methods in order to prevent substance abuse, and nurses who are already diverting must be quickly identified and placed in treatment in order to maintain the viability of their careers (Hrobak, 2006).</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)What is the rate of self-reporting of substance abuse among licensed nurses according to gender, race, location, and position at place of employment? (b)Is there a difference in the outcome of the VDAP program based on the circumstances under which the person entered the program? For example, voluntary self-reporting as opposed to coercion by the employer? (c)How can the effectiveness of the monitoring utilized in VDAP be determined?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: VDAP Program of ABN Projected Data Collection Method: in-house audit of records; questionnaires</p>
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<p>Regulatory NURSING PRACTICE</p>	<p>Community-based care and the nursing workforce</p>	<p>The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALABAMA §34-21-2 (18)</p> <p>RATIONALE: Reporting of unsafe nursing practice is mandatory according to ABN regulations. Failure to report illegal, substandard, unethical, unsafe or incompetent nursing practice is a violation which is itself worthy of disciplinary action (Alabama Board of Nursing Administrative Code). It is known that since the implementation of mandatory reporting, the volume of complaints being filed against nurses has increased greatly. In order to protect the public and simultaneously provide culturally divergent care, it must be determined if males and minority nurses are being disciplined more frequently than other nurses. Further protection of the public will occur as it is determined how nurses are implementing the role of RNFA or SANE and if they are finding adequate community support.</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)Have the rules regarding delegation of medication assistance in community-based homes run by the Dept. of Mental Health resulted in an increase in the number of complaints generated? (b)How can community-based nursing care be made available to specifically meet the needs of ethnic populations who may not be proficient in English (Hispanic, Korean, Laotian, and others as identified)? (c)Has the rule requiring mandatory reporting of violations had an impact on nursing practice? (d)Have the rules regulating the role of School Nurses resulted in an increase in the number of complaints being generated? What are the current trends over time in health services provided through public school systems? (e)How are nurses who assume the role of RNFA or SANE choosing to implement those roles? Where do they typically practice? Are they finding sufficient community support? (f)What are the changes in school nurse data which are noted if it is analyzed school-by-school, system-by-system, and then grouped according to elementary schools, middle schools, and high schools?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: Alabama Public Health Dept., Legal Division of ABN; Alabama Dept. of Education; Alabama Dept. of Mental Health Projected Data Collection Method: in-depth analysis of records, particularly related to the monitoring performed by school nurses and mental health nurses; questionnaires</p>
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<p>Regulatory LEGAL</p>	<p>Increasing complaints/violations related to substandard practice</p>	<p>Conduct investigations, hearings and proceedings concerning alleged violations of this section or of the rules and regulations of the board. CODE OF ALABAMA §34-21-2 (7)</p> <p>RATIONALE: Reporting of unsafe nursing practice is mandatory according to ABN regulations. Failure to report illegal, substandard, unethical, unsafe or incompetent nursing practice is a violation which is itself worthy of disciplinary action (Alabama Board of Nursing Administrative Code). It is known that since the implementation of mandatory reporting, the volume of complaints being filed against nurses has increased greatly. In order to protect the public in general and vulnerable patient populations such as the elderly in particular, complaints which are unique to long-term care must be analyzed.</p>	<p>In-house review for information only; cost to be born by Board of Nursing</p>	<p>(a)What are the boundary violations which we are typically seeing now? What type of discipline is usually given to these people? How effective is the discipline which is imposed? (b)What is the profile of the nurse who commits a boundary violation? (c)Why are complaints of falsification of records related to home health nursing increasing? (d)Are complaints from long-term care facilities increasing because of changes in the level of care being delivered, because of increased reporting on the part of DONs, or because of State and Federal regulations? (e)What are the complaints which we are typically seeing originate from long-term care?</p>	<p>Time Frame: time frame contingent on funding obtained Resources: Legal Division of ABN Projected Data Collection Method: in-house analysis of existing records</p>
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Regulatory
LEGAL

Competency
of the work-
force

The Board is authorized to: Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state. CODE OF ALA-BAMA §34-21-2 (18)

RATIONALE: Multiple requirements for competent nursing practice in the health care system have been established by national associations and agencies. These include the American Nurses Association, the American Association of Critical Care Nurses' Standards for Nursing Care of the Critically Ill and their Education Standards for Critical Care Nursing (Alspach, 1992). The Joint Commission for Accreditation of health care Organizations requires that clinical competence be assessed for all nursing staff and holds institutional leaders accountable for ensuring that competency of all staff is assessed, maintained, demonstrated, and continually improved (JCAHO, 1999). The legal and financial implications of employee performance and safe practice in a rapidly changing practice environment make continuing professional competence a major concern for all providers and health care organizations. (Redman, Lenburg, and Walker, 1999). From a workforce perspective, if the competency of a nurse can not only be accurately measured but also maintained at a consistent level, the nursing workforce will consequently be more constant in the numbers of functional

In-house re-
view for infor-
mation only;
cost to be born
by Board of
Nursing

- (a)What elements in nursing education are congruent with practice expectations upon entry into practice? For continuing practice?
- (b)What strategies of verifying competence have contributed to decreasing errors in patient care?
- (c)What is the existing degree of congruence between nursing education and practice? Are new graduate nurses able to fulfill the practice expectations of employers within the first year of nursing practice?
- (d)Has the scope of practice for LPNs become to similar to the scope of practice for RNs?
- (e)As standardized procedures are being implemented, is an increase being noted in the number of nurses who are unclear regarding their scope of practice and the types of procedures they can legally implement?
- (f)Identify nurses who have been disciplined in their first year of nursing practice.
- (g)What are the data elements of competency for each group identified in the accountability model?
- (h)How can competency be verified?

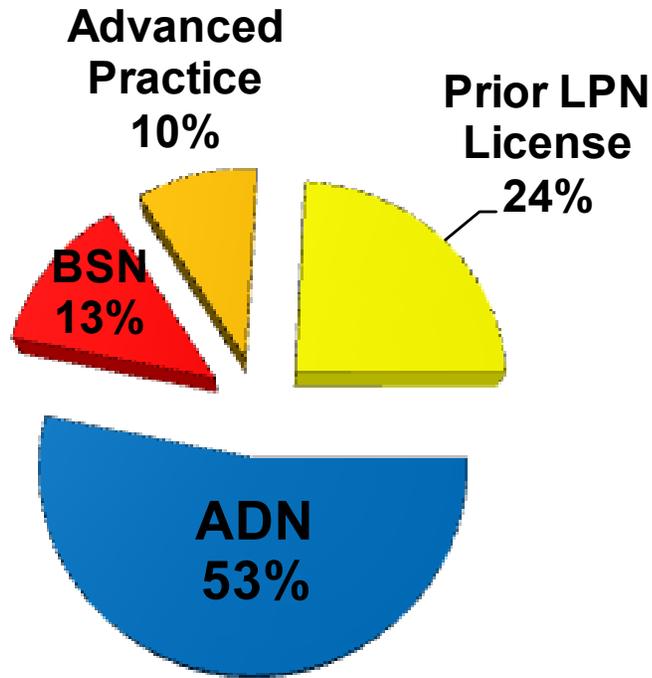
Time Frame: time frame contingent on funding obtained
Resources: ABN Practice Consultant; ABN Legal Division
Projected Data Collection Method: focused, short e-mail questionnaires directed to Deans of Schools of Nursing sent by Executive Officer; short mail-out questionnaires directed to employers; in-house review of current records

Appendix F: Legal Activities

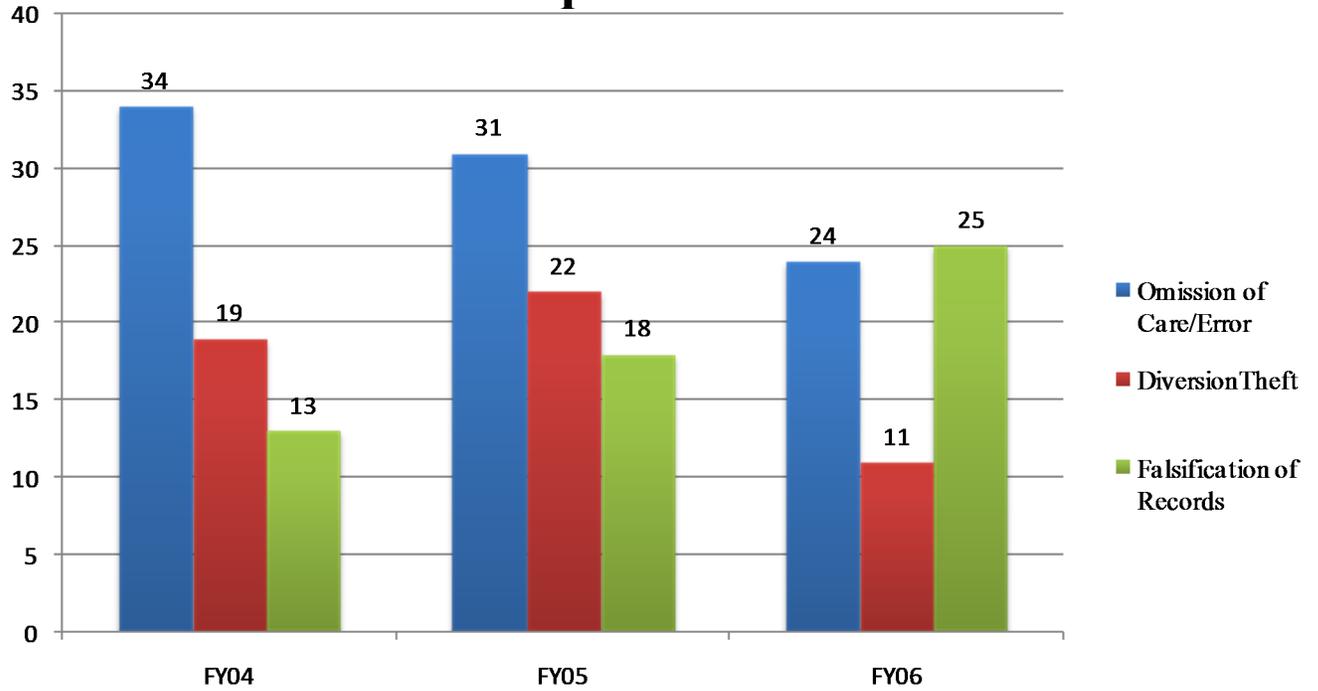
Substandard Practice Violations

2006	RN	LPN	Average Age	Average Age became nurse	Average Years as Nurse
	47	33	43	29	14

RN Profile



Most Frequent Substandard Practice Violations



FY 2006 LEGAL ACTIVITIES

COMPLAINTS	TOTALS
Letters of Closure	216
Board Ordered Lapsed (Cleared)	3
Letters of Admonishment	191
Formal Hearings	62
Consent Orders	277
Voluntary Surrenders before Administrative Complaint	133
Voluntary Surrenders after Administrative Complaint	25
Disciplinary Actions (TOTALS)	497
Reinstatements – Approved	11
Reinstatements – Denied (Revoked and Lapsed licenses)	4
Applicants – Disciplined	21
Applicants – Denied	5
Probation Monitoring *	273
Voluntary Alternative Program (VDAP) *	285

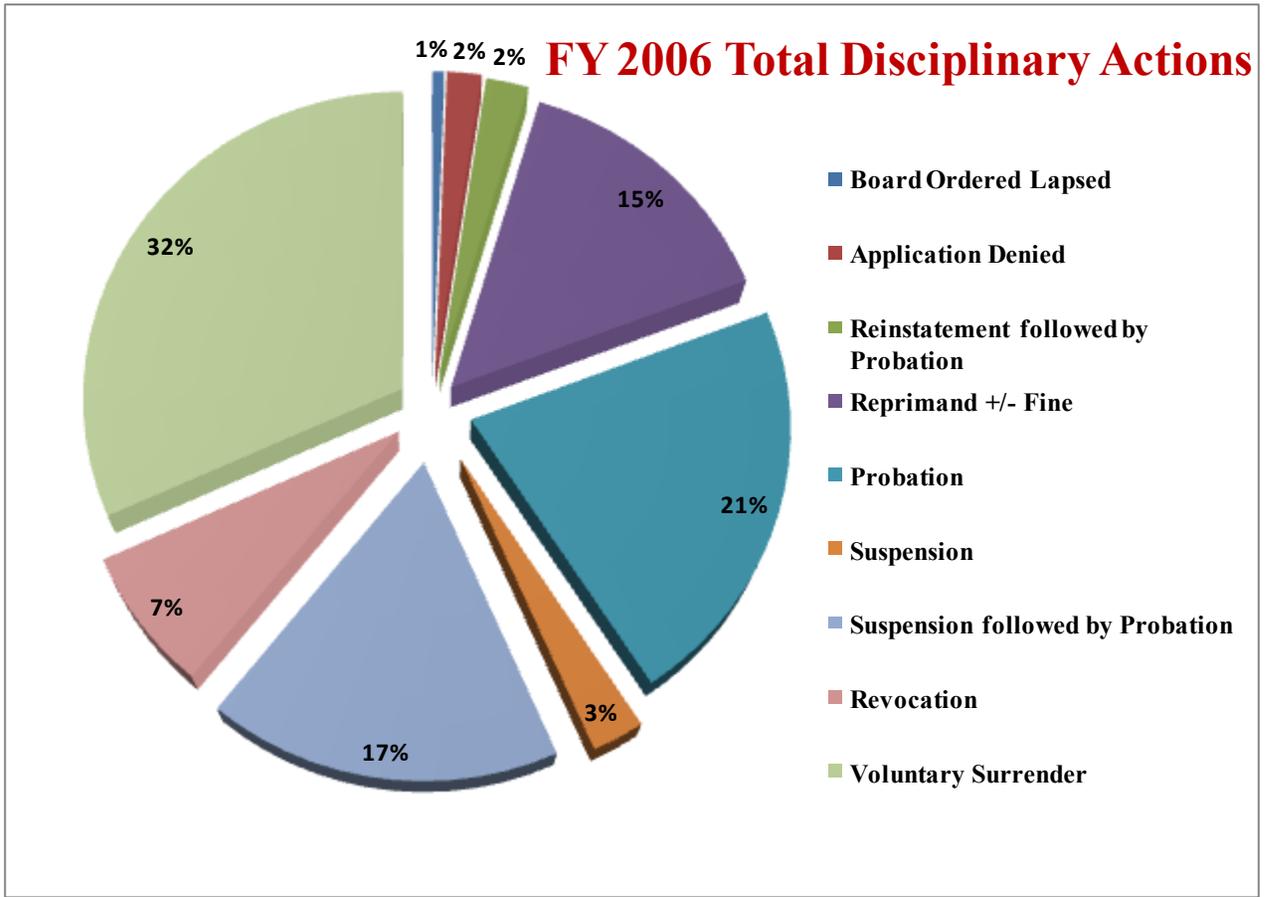
*Number reflects the total number of licensees currently monitored at the end of FY 2006

FY 2006 TOTAL DISCIPLINARY ACTIONS

FINAL DISPOSITION	Consent Order	Formal Hear- ing
Board Ordered Lapsed (Cleared)	2	1
Denied (Reinstatement of lapsed license, revoked license, endorsement and exam application)		9
Reinstatement (No sanctions)		
Reinstatement Followed by Probation	7	4
Reprimand	1	
Reprimand with Fine	69	3
Probation	106	1
Suspension	13	
Suspension followed by Probation	79	8
Revocation		37
SUBTOTAL	277	62
Voluntary Surrender	158	
TOTAL	497	

FY 2006 ASSIGNED VIOLATIONS

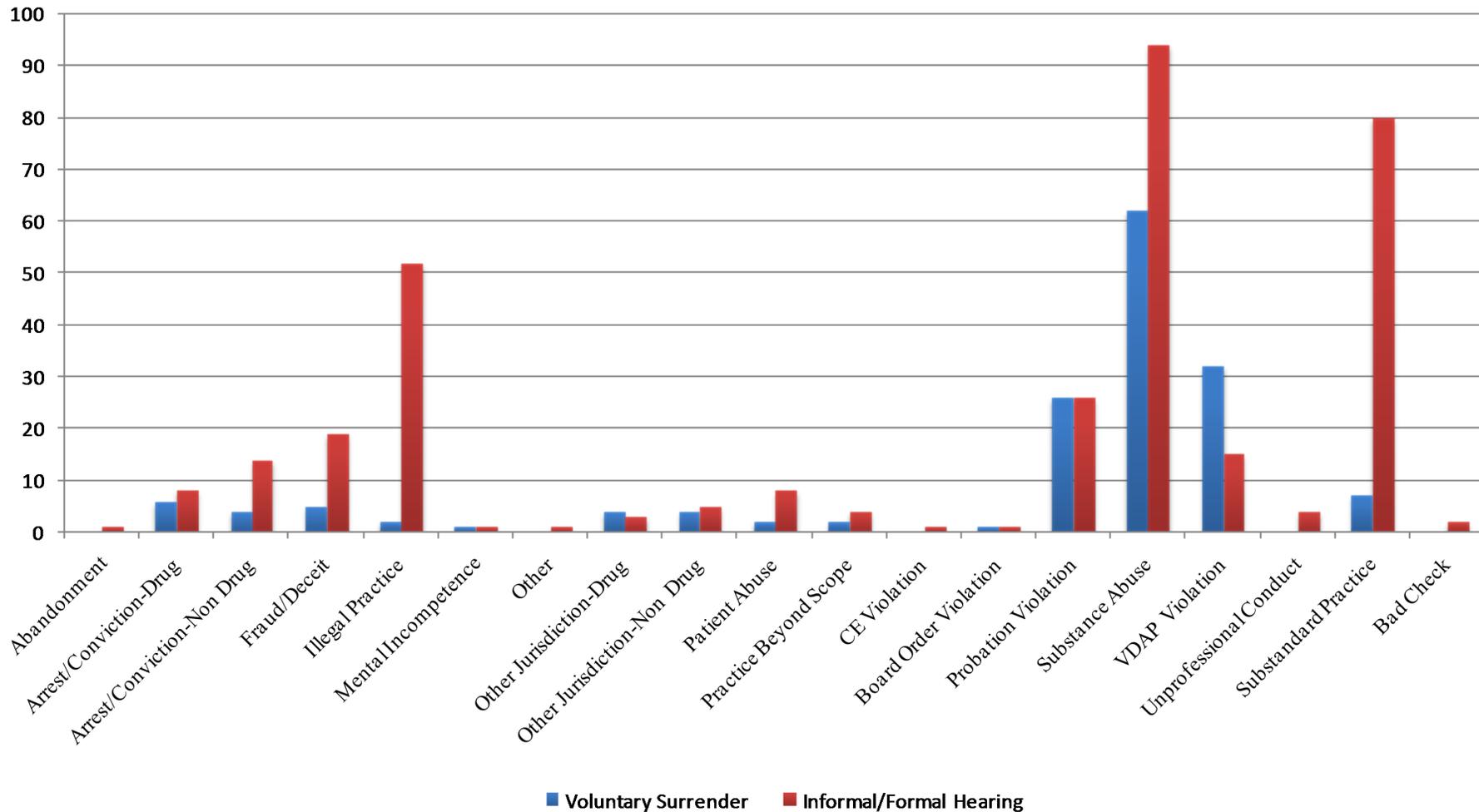
Assigned Violation	Voluntary Surrender Before AC	Voluntary Sur- render After AC	Informal / Consent Or- der	Formal Hearing
Abandonment			1	
Arrest/Conviction – Drug	5	1	5	3
Arrest/Conviction – Non Drug	4		6	8
Fraud/Deceit	4	1	18	1
Illegal Practice	1	1	49	3
Mental Incompetence		1	1	
Other				1
Other Jurisdiction – Drug	3	1		3
Other Jurisdiction – Non Drug	3	1	1	4
Patient Abuse	2		8	
Practice Beyond Scope	1	1	4	
CE Violation				1
Board Order Violation		1	1	
Probation Violation	16	10	12	14
Sexual Misconduct				
Substance Abuse	58	4	81	13
VDAP Violation	29	3	8	7
Unprofessional Conduct			3	1
Substandard Practice	7		79	1
Bad Check				2
TOTALS	158		339	



Arrest/Conviction-Drug	6
Arrest/Conviction-Non Drug	4
Fraud/Deceit	5
Illegal Practice	2
Mental Incompetence	1
Other Jurisdiction-Drug	4
Other Jurisdiction-Non Drug	4
Patient Abuse	2
Practice Beyond Scope	2
Board Order Violation	1
Probation Violation	26
Substance Abuse	62
VDAP Violation	32
Substandard Practice	7

2006 ANNUAL REPORT

FY 2006 Assigned Violations by Resolution



APPLICANTS

	RN	LPN	Total
By Examination	14	10	24
By Endorsement	1	2	3
Total	15	12	27

	Consent Order	Formal Hearing	Total
RN by Examination	12	2	14
RN by Endorsement		1	1
LPN by Examination	7	3	10
LPN by Endorsement	1	1	2
Total	20	7	27

	RN by Examination	RN by Endorsement	Total
Denied	1	1	2
Reprimand	1		1
Reprimand with Fine	2		2
Probation	9		9
Suspension/Probation	1		1
Cleared			
Total	14	1	15

	LPN by Examina- tion	LPN by Endorsement	Total
Denied	3		3
Reprimand			
Reprimand with Fine	1		1
Probation	5	1	6
Suspension/Probation	1		1
Cleared		1	1
Total	10	2	12

FY 2006 ASSIGNED VIOLATIONS for Applicants Denied			
Assigned Violation	RN	LPN	TOTALS
Arrest/Conviction – Drug		1	1
Arrest/Conviction – Non Drug	1	1	2
Illegal Practice		1	1
Substance Abuse	1		1
TOTALS	2	3	5

FY 2006 ASSIGNED VIOLATIONS for Applicants Disciplined			
Assigned Violation	RN	LPN	TOTALS
Arrest/Conviction – Drug	1	2	3
Arrest/Conviction – Non Drug	4	1	5
Fraud/Deceit	1		1
Illegal Practice	1	1	2
Patient Abuse		1	1
Probation Violation	1		1
Substance Abuse	5	3	8
TOTALS	13	8	21

FY 2006 DISCIPLINARY ACTIONS

The Board of Nursing took action against the following licensed nurses for violation of the laws and/or rules of the nursing profession at the FY 2006 meetings. This listing may not reflect changes occurring near or following the publication date, pending appeals or requests for rehearing. Every effort is made to ensure the accuracy of this information. Licensure verification can be made by subscribing to the license verification subscription service or license lookup online at www.abn.state.al.us.

VOLUNTARY SURRENDERS FOR REVOCATION

Adair, David Alan	1-056322
Adams, Dorothy D.	2-014093
Allen, Angela Diana	2-026477
Armstrong, Misty Nicole	2-052143
Armstrong, Pamela Jo	1-053767
Baker, Julie Anne Hollis	1-044776
Beasley, Lyda Marlaine	1-059022
Bentley, Stephen Eric	1-081865
Blackford, Stephanie Lynn	1-085762
Blake, Cynthia Deneen	2-034621
Blue, Rita Lynne Davis	1-067814
Boroff, Martha Suzanne	2-032914
Bowden, Alice Anita	2-048416
Bracewell, Brandy Christa	2-043421
Brazil, Tina Renae	2-040791
Breazeale, Charlotte Lane	1-091011
Brock, Pamela Dean	1-046797; 2-020965
Brown, Debra Sue	1-068203
Brown, Jodi Lynn	2-025830
Burcham, Dana Kaye	1-104731
Carmack, Kerry Mirinda	2-044965
Chandler, Christie Ann	1-079981
Chapman, Diana Kay	1-061103
Cheatwood, Rosemary Bridges	1-073493
Chippis, Trez	1-093255; 2-039249
Clay, Summer Len	2-054476
Collins, Dawn Celeste	2-037819
Comstock, John C.	1-081180
Cooley, Teresa Carol	1-061756
Couch, Karen Faye	1-059033
Cox, Brandy Michelle	1-100517; 2-051642
Crain, Angela Lyn	1-043496
Culver, W. E.	1-017938
Daniel, Tina Marie	1-100411
Dawkins, James Curtis	2-026635
Dees, Karen Anita Sims	2-019649
Dickinson, Sarah Harris	1-085599
Dozier, Christy Lynn	1-087259; 2-041259
Dunagan, Clara Catherine	1-092723

Dykes, Joan Ellen	1-035218; 2-012880
Eason, Walter David	1-083799
Edge, Tina Ann	2-045728
Elmore, Karen Jean Kemp	1-039078
Engle, Barbara Faye	2-016866
Evans, Betty Ruth	1-073236
Feltham, Katherine Lynn	2-039348
Feltman, Amber Nichole	2-053036
Finch, Erin Anne	1-062824
Ford, Michael Wallace	1-077218
Gann, Joyce Marie	2-051440
Garner, Georgiana	1-095610; 2-045365
Gibson, Stacey Renee	1-106085
Gilley, Kimberly Ann	2-047421
Goetzman, Cynthia G.	1-040948
Goff, Robyn Elaine	1-078237
Gooch, Shelly June	1-048894
Hammonds, Lisa Harriet	1-041183
Hamons, Cathy Duncan	1-054802
Hanner, Christy Lynn	2-056208
Harlow, Guy Dennis	2-039991
Harper, Kathleen Marie Mostert	1-050416; 2-023960
Harrell, Martha Kay	1-064002
Helms, Heather Michelle	1-088831
Helton, Gary Lynn	1-077089
Henson, Donna W.	1-081910
Hollister, April Desha	1-093045
Horn, David Allen	1-103556
Horvath, Cynthia Ann	1-029207
Hudson, Anita Gail	1-077456
Hunderman, Nicole Antoinette	1-070297
Ingram, Wanda Jean	1-066709; 2-026624
Jackson, Kelly Marie	2-049980
Jernigan, Virginia Doreen	2-023971
Keeler, Tina Louise	2-048860
Keeling, Janet Lee	1-077901
Kelley, Rita Gaye	1-066757
Killough, Susan Lee	1-065371
Kimbrell, Suzanne	1-083459
Kissock, Lisa Lynnette	2-051361
Koch, Jennifer Dianne	1-070796
Laister, Inez Sherry Blevins	2-036276
Lampkin, Angela Michelle	2-047217
Lawrence, Paula Jean	2-035517
Leemon, Amanda Jane	2-041886
Lockhart, Diona Jean Odom	2-042263
Lovell, Angela Michelle	1-098038
Lunceford, Robert A.	1-062262; CRNA
Lundy, Wayne Jason	1-088914
Mannings, Evelyn Marie	2-045060

Matthews, Kimberlyn Lynn	1-074854
McAliley, Benjamin Fleming	2-056621
McAllister, Maranda Lynn	2-043298
McElrath, Jennifer Lynn	1-081150
McGill, John Wesley	2-039157
McKowen, Pamela Ann	1-046863
McSwain, Sherri Ann	1-082107
Miracle, Wayne Carlton	2-044311
Morgan, Terri Lynn	1-066692
Murphy, Tina Michelle	2-050747
Myrick, Tina Mildred	1-054577
Newcity, Henrietta Goodwin	2-027773
Nix, Carmen Regenia Cook	2-049917
Oden, Jeff Gaylan	1-076193
Overton, Rhonda Dolores	1-041335
Panetta, Margaret Leigh	1-099540
Patterson, Suzanne Marie	2-033764
Pelzer, Alan James	2-050445
Peppers, Lucinda Ann	1-083344; 2-039239
Peters, Linda L.	2-044531
Phillips, Cindy Lynn	1-050106
Pollard, Kenneth	2-052189
Pope, Wendy Dawn	1-076309
Presley, Lydia	1-070201
Rester, Angela Elizabeth	1-056886
Richardson, Shirley Ann Holcombe	1-071613
Riley, Pamela Dawn	1-087294
Rollins, Adam Lance	1-105000
Samples, Katherine E.	2-036189
Scott, Cynthia Creswell	2-023250
Sebright, Cynthia Faye	2-054799
Self, Susan Leann	1-073368; 2-038360
Seeley, Carol Sue	2-055990
Shepard, Cheryl Denise	2-019420
Shull, Tracy Dawn Wilson	2-047237
Sivley, Charles Davis	1-042150
Skinner, Cheryl Darlene	1-096041
Smith, Janice Rena	2-051601
Smith, Lisa Gay	2-035018
Smith, Stephanie S.	2-046817
Smith, Tommie Renee	2-050671
Smitherman, Joanna Lynn	1-082774
Stallworth, Lisa Denise	2-028537
Stokes, Jamie Gail Paul	2-041486
Strachan, Sally M.	2-009481
Strozier, Olivia	1-091756
Summerson, Tammy Lee	1-087684

Tittle, David Robert	2-039409
Tolley, Karen Denise	2-039413
Tribble, Bobbie Dale	1-046330
Tubbs, Deborah Ann	2-039419
Walker, Carla Faith	2-047225
Walls, Rebecca Sharon Lambert	2-048804
Watson, Jr., Ronald Gilbert	1-070500
Weber, Nancy N.	RP-009456
Whittington, Patricia Gail	2-024937
Wiggins, Rhonda Selene	2-038488
Williams, Rodney Brett	2-055339
Wilson, III, James Henry	2-035756
Wollard, Rhonda Michelle Evans	2-054254
Woodall, Sean Gregory	1-096831
Woods, Catherine Johanna	1-064854
Wooten, Rosalyn S.	1-030899
Wright, Willnett Walker	2-038515
Yarbrough, Karen Michelle	2-051430
Zeagler, Virginia Irene	2-054255

REVOCATION

Anderson, Paula Sue Cross	1-053509
Bryant, Sharon Elizabeth Taylor	2-038758
Calvert, Jr., James Alton	1-033256, CRNP
Chaviers, Tracy Lynn Horne	1-069581
Clifton, Franzetta Delores Williams	2-020009
Crochet, Cheryl A. Percle	1-092463
Gilliam, Laurie Eugenia	2-034734
Hair, Tammy L. Harris	2-055441
Harris, Valarie Ruth Shepard	2-048165
Hogan, Shannen Michelle	1-100686
Irwin, Brenda Karon Wigginton	1-069832
Jackson, Falicity Dawn Littlefield	2-045580
Key, Alice Alesia Posey	2-026845
Kimbrell, Kay Lynn Smith	1-073897; 2-034825
Lawson, Karen Joy	1-104444
Lay, Toika Lucille	2-041404
McCormack, Susan Gail	2-041849
Messina, Madelyn Elizabeth Clay	1-078379
Meyer, Shelley Lynn Ratcliff	1-082876
Moore, Daphne Leanna Broad	1-061555
Musgrove, Carrie Denise Poole	2-051032
Nall, Lawanda Carol	1-048893
Pearce, Ashley Lorraine	1-078681
Pope, Kristin Michea	2-055712

Sturn, Diana Louise Simon	2-033176
Swords, Christy Lynn	2-050539
Tolbert, Charles Darrell	1-053902
Walker, Sharon Denise Carroll	2-027002
Williams, Amanda Lynn May	1-061875
Wright, Kristi Kay Hatfield	2-038003
Wylie, Jenille Marie Allums	2-046421

SUSPENSION AND FINE

Campbell, Janice Donaldson	2-018056
Cook, James David	2-039846
Haynes, Jennifer Michelle Cleckler	2-052021
Hudson, Guinda Carolyn Haynes	2-028293
Humphrey, Phyllis Laquice	2-040050
Lowery-Brown, Cynthia L.	2-027377
Macnicol, Constance Juliano	2-043175
Margie, Krista Karen	2-038726
Platt, Jr., Charles Webster	1-082138
Prevo, Shirley Ann	1-060862; 2-015309
Stanford, Mary Alice Slaughter	2-018813
Talley, Bridget Faye Kirkland	1-078929
Waller, Anna Louise Major	2-056511

SUSPENSION FOLLOWED BY PROBATION AND FINE

Adams, Tracey Michelle	2-043877
Allen, Natalie Shuntel	2-050157
Anderson, Ginger Gay Dabbs	2-050105
Andrews, Lisa Ann Hyden	1-066705; 2-028956
Bargeron, Christie Worth Holmes	1-084095
Bates, Kristy Lynn Decker	1-072342
Battles, Kelly Denise Kitchens	1-087524
Black, Ginny	2-016245
Bonner, Courtenay Dalane	1-083416; 2-028057
Borom, Jennifer Lee	1-069330
Brechin, Leslie Ruth Gothard	1-060358; 2-030083
Bridges, Lisa Cathrine House	1-095337; 2-039207
Brown, Sarah Grace	1-101573
Burgess, Teresa Ann Horsley	2-037796
Burleson, Nikki Lashelle Cofield	1-079470, CRNP
Carroll, Monica Marie	1-063816
Carter, Kathryn Marie	2-034711
Claridy, Lisa Ann Baty	1-073587; 2-036305

Dunaway, Haley Robbins	1-095391
Ferguson, Donald Joe	1-071291
Ford, Rickey Lee	2-049203
Frazier, Bianca Lovette	2-052265
Gams, Stacy Marie Bryant	1-054436
Gerard, Nadine Carol	1-083911
Gibson, Annette Marie Langley	1-079816, CRNP
Glass, David Allen	2-037949
Grooms, Carol A. York	1-014943
Harris, Annie Lee Hamilton	1-094121; 2-047092
Harris, Christie Marie Borden	1-088787
Harris, Jennifer Suzanne Ingram	1-074270
Higginbotham, Debra Marie Mosley	2-052882
Hinote, Brenda L. Davenport	1-031891; 2-007670
Ivey, Agnes Oudia Middleton	1-073804; CRNP; 2-036224
Johnson, Jody Moira Ziglar	1-091902
Johnson, Muriel Alise	2-054109
Jones, Roy Wilbert	1-022613
Lambert, Manya Yvonne Warren	2-034813
Lollar, Marian Joy Glover	1-072980; 2-030695
Loudermilk, Meloney Sharon Gemmell	2-054012
Luker, Patricia D. House	1-025986, CRNA
Luther, Debra Kay	1-042990; 2-021264
Mannings, Evelyn Marie	2-045060
Martin, Chasity Denise Beene	1-099287
McAfee, Connie Jean Sullivan	1-043059; 2-017322
McClain, Katrina Frances	2-051158
Mietus, William John	1-103546
Mokake, Eunice Namondo	LPN Exam Applicant
Moore, Sandra Lynn Benson	1-084357
Moore, Thomas Lee	RN Exam Applicant
Morrison, Angela Denise Sumners	1-072748
Norris, Derrick Keith	1-104539
Oliver, Debra Danette Clark	1-084480
Raines, Toni Leigh Goodman	1-102294
Rehm, Catherine Melaine Howell	1-089576
Roberts, Melinda Jane Bowlin	2-045685
Sargent, Jennifer Lynn Osbourn	1-102625; 2-047354
Scholz, Julia Kate Wyres	1-060600; 2-030961
Scott, Erskine Huet	2-052361
Seay, Michael Wayne	2-050014
Setzer, Kellie Ann Wade	1-081272
Severance, Gabriele Jackson	1-104640
Sherrer, Judy Kay Tillery	1-053860; 2-027127
Snelling, Rhonda Sue Sparks	2-030798
Thompson, Kelly Elizabeth Edwards	2-052432
Thornton, Mavis Susan Rogers	1-062974

Walker, Sheila Stowe	1-068482; 2-033734
Watters, Anita Linda Thompson	1-072437
Watts, Mary Jennifer Maynard	2-051062
Way, Jr., Ralph June	2-047005
Weathington, Tawana Gaye Kelley	2-051744
West, Tara Lynn Myster	1-093009
Woods, Deborah Marie	1-058595, CRNP
Wright, Patsy Shiral Cordell	2-038513
Wynne, Lacy Arlene Stoetzer	1-059743

SUSPENSION, PROBATION, PUBLIC REPRIMAND, FINE

Elmore, Tracey Alison	1-090542
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PROBATION AND FINE

Adcock, Patrice Marie Frye	1-058974; 2-029490
Adkins, Gerri Hejl	1-076106
Agnew, Shalanda	2-052725
Anderson, Ginger Gay Dabbs	2-050105; RN Exam Applicant
Ashford, Latunya Renee Ziegler	1-098616; 2-044541
Ball, Monica S.	LPN Exam Applicant
Barber, Amanda Gafford	1-077636
Bean, Chantell LaVera Sledge	2-053017
Blevins, Sheila A. Guess	1-029111
Boyd, Chelisha Rena Arnold	1-095933; 2-042345
Brock, Karen Marie Atkins	1-041119
Bryant, Shirley Ann McDonald	2-042509
Caldwell, Cathryn Lynn	1-040105
Campbell, James Richmond	1-066330
Carpenter, Donna Joyce Bolton	2-035505
Cartee, Kimberley Dawn Williamson	1-092110; 2-040857
Cobb, Amy Beth	1-106564
Colbert, Margaret Ann Taylor	1-056808; 2-025351
Corey, Allison Kristine	2-056506
Cottingham, Nina Diane Fredrickson	2-038207
Crump, Regina Levette	2-054280
Dailey, Noland Heath	RN Exam Applicant
Davis, April Denise	2-031091
Davis, Monica Marie Weimorts	1-047452
Dean, Angelyn Marlene Porter	2-033664
Dean, Dimitri Joelle	1-071143
Fancher, Doris Gaston	2-022390
Fisher, Dovie Ileen Wilkes	2-035412

Haynes, Brenda Kiker Jones	2-043860
Hodges, Trenia Rochelle Huff	1-093668
Hope, Melody Dawn Evans	2-055333
Horton, Susan Elisabeth Shaw	1-047163
Hosey, Jason Garrett	1-098771
Hughes, Lisa Kay	2-026791
Johnson, Carolyn Lynn Jay	1-078908; 2-030650
Johnson, Jennifer Michelle	RN Exam Applicant
Jones, Mary Carolina Knight	2-047631
Jones, Warren Sylvester	LPN Exam Applicant
Jordan, Amy Marie Williamson	1-076494
Lambeth, Holly Danielle Mosley	1-105106
Lawson, Michelle Ann Roemer	LPN Exam Applicant
Lewis, Debra L. Lindsey	2-051515
Lewis-Bailey, Kaseena Niasa	2-056402
Lingenfelter, Kathleen Leoti Crawford	2-040133
Lobes, Jodie Lee	1-075623
Lyles, Sylvia M.	1-098138; 2-031601
Margulis, Linda Teresa Priori	1-040242
Marks, Kimberly Dawn Curtis	2-052136
McGee, Mary Elizabeth Gunn	1-087359; 2-045217
McGowin, Stephanie Ann	1-089938; 2-044183
McLeod, Hope Ashley Tarrer	1-077178
McMurrey, Peggy Joyce Fike	2-028894
Minor, Stanley Alan	1-071526
Mitchell, Elaine Jean Daniels	1-053963
Moore, Mark Eugene	1-103790
Moore, Mary Elizabeth Savage	1-048692; 2-022167
Mothershed, Samantha Ann Canova	1-103528; 2-052324
Murphy, Neely Britain	2-053746
Newby, Charlotte Camille Crunk	1-061148
Nix, Carmen Regenia Cook	2-049917
Pickett, Angela Joy Parten	1-083184
Piland, Kimberly Lynn Kelley	1-067045
Poole, Dawn Rena	2-049457
Rascon, Liliana Luz	1-103780
Rivers, Delorise Jean Buckner	2-054597
Segrest, Justin Fletcher	1-105234
Sewell, Pamela Lachell	2-052886
Sexton, Linda Dianne Barnes	1-045209; 2-019023
Smith, David Harry	2-041704
Smith, Jason Ross	RN Exam Applicant
Smith, John W.	1-081083
Snyder, Ann Marie Berosh	1-094751
Spencer, Carrie Mae Beverly	1-056352; 2-010556
Stephenson, Teresa Renea Owens	1-066997
Stewart, Charles Richard	1-050303; 2-023378

Thomas, Jonathan Torrance	RN Exam Applicant
Tidman, Telisha L. Bozeman	2-054836
Todd, Georgia Geneva	2-046459
Watson, Guy Starbuck	2-051013
Webster, Stacey Renee	2-049630
Westhoff, Brandi Jane	LPN Exam Applicant
Wheatley, Cynthia Gail Henthorne	2-049882
Whittington, Pamila Whitaker	1-071748
Williams, Elizabeth Duplissey	1-088658; 2-023327
Williams, Mary Lee	2-050813
Williams, Sonia Lynn Catrett	2-040682
Williams, Yvonne Denise Hasberry	2-038497
Wilson, Kathy Jeannettee Gardner	1-067384; 2-022922
Woodard, Dede Wood Bonds	1-095597
Woods, Sharon Gayle Lowrey	1-092085
Younge, Sonya Jade Taylor	1-094239
Zimlich, Wayne Michael	1-019418, CRNA

PROBATION

Hicks, Jennifer Delcorpo	LPN Exam Applicant
Jernigan, Mandy Lynn Brogden	RN Exam Applicant; 2-049576
Locke, Teresa Gayle	LPN Endorsement Applicant
McLeod, Iris L.	LPN Exam Applicant

PUBLIC REPRIMAND AND FINE

Adams, Latonja Michelle	2-038590
Allen, Angela Diana	2-026477
Allums, Pamela Jean Shank	1-051344, CRNA
Ardis, Jerolyn Denise	1-077390; 2-025931
Ardizone, Carol Marie Hymel	1-060087
Bagwell, Melissa Suzanne	1-087518, CRNP
Baines, Ithaca Proskey Witcher	2-050342
Barton, Melanie Helen Starks	1-107056
Bishop, Charlotte Shivers	1-029929, CRNP
Brackin, Jessica Maeve	2-055865
Brewer, Katherine McKinney Graham	1-102685
Brown, April Shatonya	RN Exam Applicant
Burkett, Norman Ray	1-051912, CRNA
Burton, Stella Marie Orr	2-018832
Carpenter, Katy Wright	2-053443
Childers, Francetta Yvette Durry	1-045955, CRNP
Collins, Ora Burgess Brown	2-034041
Compton, Sandra Koren Lusk	2-036042
Corson, Sandra Kaye Caffey	2-042510

Harrison, Felisha Gail Dubose	2-035448
Haynes, Misty Dawn	2-054045
Hazard, Mary Darlene Ward	1-056988, CRNP
Herbertson, Monica Dianne Jones	2-038017
Higginbotham, Rebecca Dale	1-101944, CRNP
Hill, Liana Jane Munday	1-087134
Hollenbeck, Michael John	1-052283, CRNA
Hudson, Linda M. Watson	2-005894
Hunter, Peggy Allison	2-054692
Jackson, Bridgett Alveta Davis	1-094826; 2-046284
Jackson, Cynthia	2-038054
Jackson, Iola M. Lyons	2-009767
Johnson, P. Joyce Chappell	2-030380
Johnson, Velissa Louise Davis	2-050914
Junjulas, Lea Anne Randolph	1-074292
Levert, Patricia Jones	2-053099; RN Exam Applicant
Lewis, Latricka Lachelle Scott	2-050946
Lott, Wilma Gail Fortner	2-019066
McClendon, Mary Ann Young	2-027895
McLain, Jana Marie Horton	2-054861
Mims, Linda Kay Johnson	2-049978
Mitchell, Charlotte V. Mizell	2-017599
Mitchell, Dorothy Ann Turner	2-048930
Moore, Mary J. Green	1-026106, CRNP
Ogle, Teresa Charlene Harbruck	1-078009; 2-030611
Parker, Sherry Estelle Willis	2-046640
Peterson, Torrance Andrae	LPN Exam Applicant
Pickett, Diane Elaine	1-068477
Robinson, Angela Jackson	2-021688
Robinson, Catherine Ann Pauza	1-053997
Savage, Rebecca Lee Nabors	1-035455, CRNP
Scott, Diane Lyvon Stevenson	2-029733
Shivley, Peggy Lea Todd	1-108532
Smith, Deborah Anne Morris	1-090994
St. John, Jennifer Joy Rhoden	1-070364, CRNP
Taylor, Debra Jean Waters	2-039378
Thompson, Tamada Yancine Green	1-106250; 2-041728
Till, Karen P. Passmore	2-031645
Trosclair, James Allen	2-019775
Turner, Denise Renee Hatfield	2-027145
Turner, Joyce Annette	2-039578
Vaughn, Angela Robin Watkins	2-052299
Vega, Esther Kay Jordan	1-088050, CRNP
Verhine, Kitty Frances Jordan	1-108356
Walters, Dana Elizabeth Bazzell	1-091911

