Beginning September 1, 2014, Registered Nurses (RNs) may renew their RN licenses and Advanced Practice Nurses will renew their RN licenses and advanced practice approval. Renewal is online as it has been since 2004. No paper applications are available. Regular renewal is from September 1, 2014 through November 30, 2014. Late renewal begins December 1, 2014 and waiting to renew until December will result in an additional $125 fee. Regular renewal is $75.00 plus $3.50 transaction fee. Advanced practice nurses will pay the $75.00 RN renewal fee and the advanced practice renewal fee is $50.00. The total renewal for an advanced practice nurse is $125.00 plus the $3.50 transaction fee (with a late fee added in December if not renewed prior).

Registered Nurses are required to prove citizenship or legal presence prior to the Board issuing a renewed license. To check if your citizenship or legal presence has been verified, go to https://www.abn.alabama.gov/abnonline/MyprofileLogin.aspx. Login with your license number and last four digits of your social security number. Logging in brings you to your profile. Look at the last item under your name section and if your citizenship/legal presence has been verified it will say “Yes.” You should also check to see if your address is correct and if it is not, change it now rather than waiting for renewal.

To prepare for license renewal, you should also check your INDIVIDUAL CE RECORD to see how many continuing education contact hours we have listed for you. If you do not have the required continuing education contact hours, you will be stopped from renewing until the total required hours are in your individual CE record. The link to access your individual CE record is http://abn.alabama.gov/Content.aspx?id=162.

As of April 29, 2014, there are 70,038 RNs who have an active or active/probation license and are eligible to renew. Of the total, only 21.82% (n=15,284) meet all the conditions to renew as of that date. Those missing citizenship/legal presence verification are 26.27% (n=18,399); missing the mandatory CE for new graduates is 4.85% (n=3,396); missing the total required CE hours are 75.04% (n=52,557); and 0.41% (n=288) have unpaid fees that must be paid prior to renewal. Earning the required continuing education and submitting the citizenship or legal presence proof are the two major areas that require work on the part of the RNs who plan to renew in 2014.

We will provide online updates once renewal starts September 1, 2014 at www.abn.alabama.gov. Changes in our internal processes resulted in subscribers to the group online license verification system receiving updates to the individual licensed nurses renewal information in almost real time. Rather than a batch of electronic emails, individual emails will be sent during renewal to notify the subscriber of changes in the license status or expiration date. Subscribers should be sure to update the users in their facilities who will receive emails before RN renewal starts.
ABN Focus

N. Genell Lee, MSN, RN, JD

ABN Focus is a multi-part series covering the structure and various functions of the Alabama Board of Nursing. In this issue, we offer an overview of the roles of the Board and Board staff.

The Alabama Board of Nursing (ABN) is a state agency in the Executive Branch of Alabama’s State Government. The Alabama Legislature established the ABN to execute and enforce the Alabama Nurse Practice Act, which governs the licensure and practice of nursing in the state of Alabama.

The ABN serves two primary roles: 1) writing of regulations and 2) enforcement of existing statutes and regulations relating to nursing practice. In 1982, the legislature passed the Alabama Administrative Procedures Act, which dictates the process for establishing administrative regulations by agencies such as ABN, as well as the process for agencies to handle ‘contested cases.’

The 13 members of the Board cannot enforce the laws and write regulations themselves, as they all have day to day private responsibilities of their own, so a staff exists to carry out the enforcement of the laws and regulations related to nursing. The divisions and sections of the ABN organization are established based on what the law requires the ABN to do. Although there are divisions and sections within the agency, the Board’s mission is executed through daily coordination of activities across division lines and among the various members of the Board staff.

There are some perceptions that people have about the Board that are not always accurate. For example, many nurses believe that the Board exists to ‘protect’ nurses. The Board exists to provide protection of the public’s health safety and welfare. Why is this important? If there were no Board of Nursing, anyone could call himself or herself a nurse and there would be no structure of licensure. In fact, when the Board was originally established, nurses could “voluntarily” register with the Board. That is where the term “registered nurse” originated. Licensed practical nurses (LPNs) did not exist until after World War II. Can you imagine being an individual (patient) who required healthcare and not having anyone assure that only competent, qualified, and educated individuals provide the nursing care you receive? Because the job of the ABN is to protect the public’s health, safety, and welfare, that is a critical role of the Board—ensuring that only competent, qualified, and educated individuals provide safe nursing care to patients. Understanding the foundation of the Board will help you in your job and we all should keep in the forefront of our minds that protection of the public is the sole reason we exist.

The Board

The Governor appoints members of the Board to serve four-year terms, which are limited to two consecutive terms for a total of 8 years. The Board meets in Montgomery 18 times a year. Because it is the Board’s ultimate responsibility to enforce the Nurse Practice Act and regulations, the staff exists to assist the Board in its duties. Therefore, the Board does not accomplish its work on its own but has a staff to accomplish the day-to-day activities necessary to execute and enforce the Nurse Practice Act.
The 2014 Regular Session of the Alabama Legislature convened on January 14 and adjourned on April 3. This was a particularly unusual session, with many twists and turns and drama over the Education Trust Fund (ETF) budget leading up to the final minutes of the session and even into the days following adjournment. The ETF passed the legislature just prior to adjournment and was signed into law by the Governor. In addition to the usual concern over the ABN budget, which funds not only the Board’s activities and operations, but also the ABN graduate scholarship program, a number of bills affecting public health in general, and nursing practice in particular, came before this legislature this year.

In the February edition of our newsletter, we called your attention to SB 57 and HB 233, two identical bills intended to address the needs of diabetic schoolchildren, including allowing delegation of injectable medications to unlicensed school employees. As previously discussed, the Board had serious objections to the original versions of these bills, which would inevitably have eroded the standard of care for children in Alabama public schools. However, we are pleased to report that ABN was able to work through the session with a coalition of legislators, education and health advocates, and school nurses to come to a compromise that we believe will allow access to necessary care for diabetic children without exposing them to undue health risks.

The legislation, known as “The Alabama Safe at Schools Act,” charges the Board with working with the State Department of Education to develop rules and guidelines to ensure that the program is implemented in a safe and responsible manner. Please follow this newsletter, as well as the Board’s social media profiles on Facebook and Twitter, to keep up with new developments moving forward.

Historically, the Alabama Board of Nursing has been responsible for the regulation and approval of schools of nursing. One criterion used to evaluate a school’s ability to produce safe, competent practitioners is the composite passage rate of first-time takers of the National Council of State Boards of Nursing (NCSBN) Licensure Examination (NCLEX®). The composite passing rate for each school was set at 80% by the ABN and is reviewed annually. The fiscal year, as defined by the ABN, begins October 1 and ends September 30. Beginning with fiscal year 2013, the outcome measure of an 80% passage rate of first-time writers will be calculated as an average score over a period of three (3) years for programs granted full approval.

There are 69 pre-licensure approved nursing education programs in the state as listed below:

Twenty-one (21) PN programs (95%) achieved a composite score of 80% or higher for their first time writers in fiscal year 2013 compared to 22 out of 24 PN programs (92%) in fiscal year 2012.

There was a significant decrease in the number of RN programs whose first time writers achieved the 80% composite score. Fifteen of the 32 ADN programs (47%) achieved 80% or higher for their first time writers in fiscal year 2013 compared to 29 of the 32 (91%) in fiscal year 2012. Ten of the 15 BSN programs (67%) achieved 80% or higher for their first time writers in fiscal year 2013 compared to 14 of 16 BSN programs (88%) in fiscal year 2012.

There are two variables that may partially explain nursing programs' performance on the NCLEX, 2013 changes to the NCLEX® and/or changes to the Administrative Code.

The National Council of State Boards of Nursing conducts a practice analysis for entry-level registered nurse (RN) licensure every three years. The results of the analysis are used to make appropriate changes to the licensure examination (NCLEX-RN®) and establishes a passing standard based on the new test plan. Effective April 1, 2013, the passing standard was revised from -0.16 logits to 0.00 logit (NCSBN, 2013).

NCSBN conducts a practice analysis for entry level practical/vocational nurses (PN/VN). The results of the analysis are used to make appropriate changes to the licensure examination (NCLEX-PN®) and establish a passing standard based on the new test plan. Effective April 1, 2014, the passing standard was revised from -0.27 logits to -0.21 logits (NCSBN).

(continued on Page 4)
Important Information to Remember!

PLEASE NOTE: ABN now requires an email address on every exam, endorsement, reinstatement, or other applications. Please check your personal information on the ABN website to insure that we have an accurate email address for you.

Personal Information: Please update your address, contact information, and email address with the Alabama Board of Nursing. This can be easily done on the ABN Website ‘Home’ page. To access, Click on ‘Name and Address Change’ in the left side column. The information on screen is easy to follow and be sure to save when complete.

Specialty Certification: The Advanced Practice Profile (located under the Advanced Practice tab under On-Line applications) is available to verify that your current AP certification is on file with the ABN. If the current date is not showing it means we have not received the primary source verification from the certifying agency, The ABN cannot accept faxed or emailed copies unless they come from the primary source, which you must request yourself.

ABN LISTSERVs: The Board maintains a number of LISTSERVs for sending targeted information to specific nursing populations, such as Advanced Practice Nurses and Chief Nursing Officers. Please visit our website at http://abn.alabama.gov/Content.aspx?id=637 and share your information with us so that we can keep you better informed. Also, we would appreciate any ideas for new or expanded LISTSERV lists. Please feel free to share your thoughts with us.

RENEWAL REMINDER:
RN Renewal begins September 1, 2014 and ends November 30, 2014. The Late Renewal period runs from December 1, 2014 through December 31, 2014.

NCLEX (continued)
NCSBN stated that the passing standard was raised which requires a higher level of ability to pass the exam but the test is not harder. Historically NCSBN stated that there is a slight drop in the passage rate immediately after introducing a new passing standard but it usually returns to previous levels after one year. Although the changes to the test plan may partially explain the decrease in the programs performance, the test plan was available to educators prior to introduction of the revised licensure exam (NCSBN, 2013). It is too soon to ascertain what impact, if any, the changes in the test plan will have on the PN/VN passage rates.

Beginning with Fiscal Year (FY) 2013 (October 1, 2012), the Board established a new reporting period which resulted in calculating the program’s pass rate with a three-year rolling average. Following FY 2015, the Board will drop the pass rate for the first of the three-year period, add the subsequent first-time writers pass rate, and calculate the three-year average.

First quarter 2014 passage rates for RN programs continue to spiral downward. Eleven of 26 ADN programs (42%) and five of 9 BSN programs (56%) achieved 80% or higher for their first time writers. One of the issues with instituting a three-year time period is that it extends the uncertainty of the programs’ success. The success rate of the programs will have a significant impact on the availability of licensed nurses to meet the increased demand anticipated as a result of predicted job growth and massive nurse retirement (McMenamin, 2014). Although it is premature to make inferences regarding amending Rule 610-X-3-05 (2), the variance in the passage rates needs to be addressed.

References:

New Standard and Specialty Protocols for Advanced Practice Streamlining the Collaborative Practice Process
Peggy Benson, RN, MSHA, MSN, NE-BC

On April 14, 2014, the ABN rolled out new changes to standard and specialty protocols and standard and specialty formularies for collaborative practice, as well as three new on-line applications (termination of a collaborative practice, add a new collaboration, and modify an existing collaboration).

In the past, many requests for duties and/or skills were requested individually. In an effort to simplify the process, the Board incorporated numerous additions into the Standard Protocols, building on 30 years of successful practice by CRNPs and CNMs and 17 years of collaborative practice decisions with the Alabama Board of Medical Examiners. Many of these tasks and procedures are now incorporated into the Standard Protocol for each specific national certification specialty of CRNPs and CNMs.

ABN restructured the Standard Protocols and Specialty Protocols for Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM). Examples of Standard Protocol are available on the ABN website (www.abn.alabama.gov) under the Advanced Practice tab. Please go to the ABN website today and review the new information tab so that you can become acclimated to the changes as soon as possible.

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