

**NORTH CAROLINA BOARD OF NURSING
REGULAR BOARD MEETING**

**May 30, 2014
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on May 30, 2014. Meeting convened at 8:30 a.m.
Presiding	Peggy Walters, RN
Members Present	Pat Campbell, Public Member Maggie Conklin, Public Member Cheryl Duke, RN Martha Ann Harrell, Public Member (until 11:00 am) Deborah Herring, RN Takela Jeffries, LPN Jennifer Kaylor, RN Bobby Lowery, RN Sharon Moore, RN Bob Newsom, LPN Jackie Ring, RN Carol Wilson, LPN
Staff Present	Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director – Education/Practice Brenda McDougal, Associate Executive Director - Operations Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified.
Consent Agenda	The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Lowery/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of January 24, 2014 (Board Meeting)• Minutes of February 6, 2014 (Administrative Hearing)• Board Governance Committee<ul style="list-style-type: none">(a) Board Member Education Plan (FYI)

- (b) 2014 Board Assessment Action Plan (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) 2014 1st Quarter NCLEX Pass Rates
 - (c) Approval Status Changes Related to Annual NCLEX Results
 - (d) Education Summit Report
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Settlement Cases (Attachment C)
- Medication Aide Advisory Committee
 - (a) Summary of Activities
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
 - (a) Program Statistics
- Joint Sub Committee
 - (a) Annual Compliance Review
 - (b) Ratification of JSC Panel Actions (Dec/Jan/Mar)
- Meetings/Conferences/Liaison Activities:
 - (a) NCSBN Institute of Regulatory Excellence
 - (b) NCSBN Midyear
 - (c) NCSBN Scientific Symposium
 - (d) National Organization of Alternative Programs
 - (e) American Nurses Association Quality Conference
 - (f) NADDI of the Carolinas
 - (g) NC Organization of Nurse Leaders Membership Meeting/Conference
 - (h) CLEAR Regional Seminar
 - (i) Nursing Assistant Advisory Committee for Curriculum Revision Project

Meeting Agenda The Meeting Agenda be adopted as presented.
MOTION: That the Meeting Agenda be adopted as presented.
 Conklin/Passed.

Open Comment No requests to address the Board
 Period

Board Governance • Received and reviewed Summary of Activities to include update on Legal Counsel Evaluation, results of debriefings, Board member exit interview, October Retreat and timeline for upgrade of Board Member secured site.

• Received and reviewed proposed revisions to the Board Member Code of Conduct Job Description (Attachment E).

MOTION: That the Board approve the proposed revisions to the Board Member Code of Conduct/Job Description. Further, directed members to review and sign the Affirmation/Re-Affirmation form. Committee Recommendation/Passed.

- Received and reviewed information regarding debriefing forms. The Board Governance Committee approved the use of verbal debriefings following Committee meetings. Directed staff to develop verbal debriefing guide for use by Committee Chairs as well as develop and conduct semi-annual electronic debriefings.
- Received and reviewed final report from the Ad Hoc Committee on Board Composition and Tenure (Attachment F). Based on review of all data received by the Ad Hoc Committee, members agreed not to make any recommended changes to Law/Rules at this time.

MOTION: That the Board accept the Ad Hoc Committee for Board Composition and Tenure's final report and approve the recommendation for no further action related to changes in Law/Rules. Committee Recommendation/Passed.

- Finance Committee
- Received and reviewed Summary of Activities to include 3rd Quarter Financials and review of investments as presented by Wes Thomas, CFP with Wells Fargo Advisors
 - Received and reviewed fiscal planning and budget for FY 14/15.
MOTION: That the Board approve the proposed budget for the fiscal year July 1, 2014 through June 30, 2015. Committee Recommendation/Passed.
 - Received and reviewed request for designation of funds for Public Relations, IT Operations and Fixed Asset Replacement (Building Reserve).
MOTION: That the Board designate \$250,000 of unrestricted net assets to support Public Relations, IT Operations and Fixed Asset Replacement (Building Reserve). Committee Recommendation/Passed
 - Received and reviewed proposals for Audit Contracts regarding selection of independent audit firm to provide auditing services for fiscal years ending June 30, 2014 through 2016.
MOTION: That the Board approve the audit firm of Bernard Robinson & Company, LLP to provide audit services for the fiscal year ending June 30, 2015. Committee Recommendation/Passed.
 - Received and reviewed request from NC Future of Nursing Action Coalition
MOTION: That the Board approve a contribution of \$10,000 to the NC Future of Nursing Action Coalition. Committee Recommendation/Passed.

- Executive Director
- Received updates as follows:
- Recognized Joyce Winstead and Crystal Harris as participants in the NCSBN Institute for Regulatory Excellence. The Board currently has six

(6) IRE Fellows - more than any other Board of Nursing.

- Provided updates on the following:
 - Meeting with Board of Directors of Nursing, Medicine and Pharmacy Boards to develop collaborative relationship to discuss common interests;
 - NCSBN EO Summit meeting regarding Nurse Licensure Compact;
 - Activities of the Foundation for Nursing Action Coalition;
 - CLEAR Regional meeting held at the Board office on April 29th; and,
 - Citizen Advocacy Center Public Outreach meeting.
- Reported on the Joint Sub Committee Panel Pilot Project. The full Joint Sub Committee accepted 100% of the recommendations sent for review by the Panel thereby increasing work efficiency. JSC Panel will submit its final report to the Joint Sub Committee in November.
- Announced receipt of the Silver Aster Award for the *Bulletin*.
- Received and reviewed 2010-2013 Strategic Plan Final Report.
- Received and reviewed 2014 Strategic Plan Roadmap.
- Received and reviewed annual Performance Measures Scorecard.
- Received verbal update regarding the CAC Review of Discipline Programs Action Grid and activities of the Ad Hoc Committee for Discipline Review.
- Received presentation from Cecil G. Sheps Center for Health Services Research on *Trends in the NC Nursing Workforce*

Education & Practice

- Received and reviewed summary of activities from the Education and Practice Committee.
- Received and reviewed proposed approval of new, revised and deleted position statements as follows:

New:

- Delegation of Medication Administration to UAP

Revised:

- Delegation and Assignment
- Assisting with Self-Administration of Medications
- Dialysis
- IV Therapy/Access Procedures
- NAII Credentialed as EMT/I-P
- Office Practice Setting
- Wound Care

Deleted:

- Delegation of Immunization Administration to UAP in Declared State or National Emergencies or Federal/State DHHS or CDC Initiated Mass Immunization Campaigns

MOTION: That the Board approve proposed new and revised position statements and deletion of position statement as outlined above. Committee Recommendation/Passed.

- Received and reviewed Education Consultant's report regarding South University, High Point – BSN – Application to establish a BSN program. **MOTION:** That South University – High Point be granted Initial Approval for a Bachelor of Science in Nursing program and approved for a

maximum total enrollment of 48 students beginning October 2014.
Wilson/Passed.

- Received and reviewed Education Consultant's report regarding Gardner-Webb University, Boiling Springs – BSN – Initial to Full Approval
MOTION: That the BSN program at Gardner-Webb University be found in compliance with Law and Rules, removed from Initial Approval status, assigned Full Approval Status, and be resurveyed in eight years.
Newsom/Passed.
- Received and reviewed Education Consultant's report regarding Methodist University, Fayetteville – BSN – Initial to Full Approval
MOTION: That the BSN program at Methodist University be found in compliance with Law and Rules, removed from Initial Approval status, assigned Full Approval Status, and be resurveyed in eight years.
Lowery/Passed
- Received and reviewed Education Consultant's report regarding Wingate University, Wingate – BSN – Initial to Full Approval
MOTION: That the BSN program at Wingate University be found in compliance with Law and Rules, removed from Initial Approval status, assigned Full Approval Status, and be resurveyed in eight years.
Moore/Passed.
- Received and reviewed program non-compliance with 21 NCAC 36 .0318 Faculty regarding Surry Community College, Dobson – ADN.
MOTION: That Board staff continue monitoring Surry Community College Associate Degree Program for ongoing compliance with 21 NCAC 36.0318(d): Fifty percent or more of the nursing faculty hold a masters degree.
Lowery/Passed.
- Received and reviewed report regarding Determination of Programs Without Students. Prelicensure nursing education programs making the decision not to enroll students for a period of time have not been notifying the Board of Nursing of this decision and are, therefore, not in compliance with the NCBON Administrative Rules. Board staff will identify programs not admitting students for one year or more and will collaborate with Program Directors and the NC Community College System (NCCCS) or UNC General Admissions (UNCGA) office to validate NCCCS or UNCGA program status. Upon program closure by NCCCS or UNCGA, Board staff will implement program closure per NCBON regulations.
- Received and reviewed final report from the Ad Hoc Faculty Qualifications Committee. The Committee recommends the Board approve revisions to the following Rules: 21 NCAC 36 .0317 Administration; 21 NCAC 36 .0318 Faculty; and, 21 NCAC 36 .0323 Records and Reports.
- Received and reviewed proposed revisions to 21 NCAC 36 .0317 Administration (Attachment H).
MOTION: That the Board approve revisions to 21 NCAC 36 .0317 Administration as presented and direct staff to proceed with the rulemaking process.
Lowery/Passed.
- Received and reviewed proposed revision to 21 NCAC 36 .0318 Faculty

(Attachment H).

MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0318 Faculty as presented and direct staff to proceed with the rulemaking process.

Conklin/Passed.

- Received and reviewed proposed revision to 21 NCAC 36 .0323 Records and Reports (Attachment I).

MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0323 Records and Reports as presented and direct staff to proceed with the rulemaking process.

Newsom/Passed.

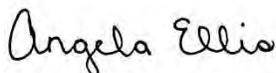
Public Hearing	A Public Hearing was held to receive comments regarding proposed revisions to 21 NCAC 36 .0228 Clinical Nurse Specialist Practice (Attachment J). Several individuals addressed the Board in support of the proposed changes. A letter from the Medical Board was received and read into record. Official transcript of the Public Hearing on file.
Advisory Committee for Drug Monitoring Programs	Received and reviewed recommendation for appointment of Chair of the Advisory Committee for Drug Monitoring Programs. MOTION: That the Board approve the appointment of Gary Leonhardt, MD to assume the position of Chair of the Advisory Committee for Drug Monitoring Programs for the term from March 7, 2014 until December 31, 2016. Committee Recommendation/Passed.
Hearing Committee	<ul style="list-style-type: none"> • Received and reviewed recommended decision and order regarding Brent Alan Butler, LPN MOTION: Based on the foregoing Findings of Fact and Conclusions of Law, it is recommended that the LPN license of Brent Butler be suspended. Licensee must appear before the Licensure Review Panel to petition for reinstatement of the license. Committee Recommendation/Passed. • Received and reviewed recommended decision and order regarding Timothy Ramsey, RN MOTION: Based on the foregoing Findings of Fact and Conclusions of Law, it is recommended that the RN license of Timothy Ramsey be issued a Level 3 Warning and returned to active participation in the Board's Alternative Program. Committee Recommendation/Passed.
Poster Presentations	<p>Crystal Tillman Harris, DNP, RN, CPNP presented her NCSBN Scientific Symposium Poster Presentation entitled <i>Implementation and Evaluation of the NC Board of Nursing Just Culture Complaint Evaluation Tool for Managing At-Risk and Reckless Behavior in the Clinical Setting</i></p> <p>Kathleen Privette, RN, MSN presented her NCSBN Scientific Symposium Poster Presentation entitled <i>Telephone Peer Mentoring as a Strategy in</i></p>

Reducing Early Attrition Rates Among Nurses in an Alternative to Discipline Program.

- Election of Nominating Committee Conducted election for the Nominating Committee.
MOTION: That the following Board members be elected to the Nominating Committee: Cheryl Duke, RN; Bobby Lowery, RN; Carol Wilson, LPN Campbell/Passed.
- Presentation of Resolution and Plaque Peggy Walters presented Resolution and plaque to Sara Griffith, RN who resigned her Staff Nurse position on the Board effective April 30, 2014 (Attachment K).
- Executive Session **MOTION:** 2:05 pm Executive Session for discussion of legal matters. Lowery/Passed
- Open Session **MOTION:** 2:35 pm Open Session Lowery/Passed
- Adjournment **MOTION:** 2:35 pm Meeting be adjourned. Lowery/Passed.

Minutes respectfully submitted by:

6/5/14
Date Submitted



Angela Ellis, Manager, Executive Office

9/26/14
Date Approved



Julia L. George, RN, MSN, FRE
Executive Director

ATTACHMENT A

Ratification of Full Approval Status

- Caldwell Community College and Technical Institute, Hudson – ADN
- Cape Fear Community College, Wilmington – PNE
- NCA&T State University, Greensboro – BSN
- Pitt Community College, Greenville – ADN

Ratification to Approve the Following Expansion in Enrollment:

- Wake Technical Community College, Raleigh – ADN – Increase of 20 students for a total of 320 beginning Fall 2014

FYI – Program Closures

- Presbyterian School of Nursing at Queens University of Charlotte, Charlotte – ADN – Closed program effective May 1, 2014. School Decision.
- Southwestern Community College, Sylva – PN – closed program effective April 2014. School Decision.

ATTACHMENT B

The Licensure Review Panel met on January 14, 2014 and submits the following report regarding actions taken:

- Reviewed two (2) candidates for reinstatement
- **Maryjane Abana Okafor, RN# 169718:** License will remain suspended for an additional six (6) months; must successfully complete an Ethical Legal Decision Making Course by different instructor; must re-appear before LRP to request reinstatement and during time of suspension, may be listed as an NAI or NAI, not a Medication Aide. **ACCEPTED**
 - **Amy Bullock Rudder, RN# 154490:** Prior to license issued, must successfully complete a Refresher Course – while in Refresher Course, will be allowed to list as a NAI or NAI. Following completion of Refresher Course, will be issued a license with probationary conditions. **ACCEPTED**
- Reviewed one (1) request for extension to complete probationary conditions
- **Louise Whitener Hearn, RN# 90347:** Extension to complete probationary conditions was granted (an additional twelve (12) months) **ACCEPTED**

The Licensure Review Panel met on March 13, 2014 and submits the following report regarding actions taken:

- Reviewed eight (8) candidates for reinstatement
- **Megan Brown, LPN# 73222:** License will be reinstated without conditions. **ACCEPTED**
 - **Teresa Maultsby, LPN# 64629:** License reinstated with standard probationary. **ACCEPTED**
 - **Amanda Anderson, LPN# 68947:** License will be reinstated without probation. **ACCEPTED**
 - **Christina Winstead, RN# 208861:** License reinstated with probationary conditions. **ACCEPTED**
 - **Monique Patterson, LPN# 64059:** Offered participation in the Chemical Dependency Discipline Program (CDDP). **ACCEPTED**
 - **Corinne M. Lovestrand, RN# 219824:** License reinstated with probationary conditions; required to successfully complete two (2) online courses. **ACCEPTED**
 - **Melissa Goley, RN# 190040:** Offered participation in the Chemical Dependency Discipline Program (CDDP). **ACCEPTED**
 - **Brittney Bissette, RN# 248448:** License will not be reinstated at this time; must show evidence satisfactorily completing One Year Sobriety Notebook prior to being considered for reinstatement. Upon successful completion of One Year Sobriety Notebook, licensee will be eligible for the Chemical Dependency Discipline Program (CDDP). Prior to entering CDDP, licensee may be listed as an NAI or NAI, but

may not be listed as a Medication Aide. **ACCEPTED**

- Reviewed one (1) request for extension of probationary conditions
- **Linda Riffe Wilson, LPN# 71898:** License will be reinstated with no conditions. **ACCEPTED**

The Licensure Review Panel met on April 10, 2014 and submits the following report regarding actions taken:

- Reviewed two (4) candidates for reinstatement
- **Jennifer Lyn Jordan, LPN# 70108:** License reinstated with probationary conditions. In addition, must have a mental health evaluation, submit quarterly reports and follow all recommendations. **ACCEPTED**
 - **Teka Michelle Foster, LPN# 73038:** License reinstated without conditions. **ACCEPTED**
 - **Jessica Diane Giles (Royals), RN# 176813:** License reinstated with probationary conditions; continue psychiatric care; two (2) online courses. **ACCEPTED**
 - **Jody L. Drum, RN# 134331** Issued a LRP Final Order -license may be reinstated and required to enter the Chemical Dependency Discipline Program (CDDP). **ACCEPTED**
- Reviewed one (1) request endorsement
- **Sally Ann Negus-Durisseau, LPN Endorsement App# NEGU-BV05JY:**
LPN initial licensure granted with probationary condition; eligible for licensure as an RN once licensure requirements completed; if licensed as an RN, probation conditions will also apply to RN license. **ACCEPTED**

ATTACHMENT C

The Hearing Committee met on February 27, 2014 and reviewed the following Settlement Cases:

- Reviewed 3 candidates for Settlement
- **Thomas Brake, RN** Licensee offered participation in Alternative Program for Chemical Dependency. **ACCEPTED**
 - **Erica Braswell, LPN** Stayed 3 month suspension; issued probationary license for 12 months. **ACCEPTED**
 - **Tracy Farmer, LPN** Licensee must sign Contract with the Chemical Dependency Discipline Program. **DECLINED**

The Hearing Committee met on March 20, 2014 and reviewed the following Settlement Cases:

- Reviewed 2 candidates for Settlement
- **Stephanie Keck, LPN** Licensee issued a Letter of Concern. **ACCEPTED**
 - **Myra Carter, RN** Licensee issued a probationary license for 12 months. **ACCEPTED**

The Hearing Committee met on April 17, 2014 and reviewed the following Settlement Cases:

- Reviewed 1 candidate for Settlement
- **Damien McMurray, RN** Licensee issued a stayed suspension for 6 months and must successfully complete Board approved course. **ACCEPTED**

ATTACHMENT DTOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES
BY THE ADOPTION OF THE CONSENT AGENDARatified Absolutions as follows:

Denise W. Baker, RN (Hickory)
Michele G. Debold, LPN (Clemmons)
Karen Hoffman, RN (Raleigh)
Regina H. Osman, RN (Fot. Mill, SC)

Ratified Issuance of Cease & Desist as follows:

Jennifer Lyn Jordan, LPN (Gastonia)

Ratified the Issuance of Reprimands as follows:

Cynthia Carroll Carter, RN (Raleigh) – diversion of drugs; non-controlled substances
Kaila Renee Custo, LPN (Niagara Falls, NY) – fraud; falsification of application seeking licensure
Lori Ann Flowers, LPN (La Grange) – neglect; sleeping on duty
Paris Monee George, RN (Browns Summit) – fraud; falsification of application seeking licensure
Freda Hopkins-Foster, LPN (Belhaven) – theft; facility property
Betsy Shearin Jones, RN (Littleton) – exceeding scope
Sharon Maureen Mora, RN (Whittier) – fraud; false claims
Caroline Merrick Williams, LPN (Gainesville, FL) – documentation errors; discrepancies in documentation of controlled substances

Ratified the Issue of Reprimand with Conditions as follows:

Lisa Bunch Brickhouse, RN (Belvidere) – documentation errors; discrepancies in documentation of controlled substances
Glenda Dee Moore Buckley, RN (Cary) – failure to maintain licensure; practicing without a license
Shannon Carlina Cardwell, LPN (Hays) – neglect; failure to administer prescribed medications
Dekina Labrea Carpenter, RN (Winston Salem) – neglect; sleeping on duty
Terry Paul Carpenter, RN (Fayetteville) – documentation errors; failure to maintain accurate medical record
Jimmema Kamil Huffman-Hall, RN (Knightdale) – exceeding scope
Lisa Blake Lassiter, RN (Rockingham) – withholding crucial health care information
Betty Reinhart Noah, RN (Pleasant Gar) – neglect; failure to make home visits
Jeanneth Perena Reginales, RN (Winston Salem) – exceeding scope
Michele Sloan Rivenbark, RN (Beulaville) – neglect; failure to administer prescribed medications
Towodi Terumseh Shequoyah, LPN (Greenville, SC) – documentation errors; falsification of medical records
Jennifer Horton Simon, RN (Garner) – fraud
Karen Ducey Ullman, RN (Cary) – failure to maintain licensure; practicing without a license
Makia Tyson Vitaro, LPN (Siler City) – inappropriate interaction with client (abuse)

Ratified Issuance of Probation with conditions as follows:

Erica Sherron Braswell, LPN (Charlotte) – unsafe practice; failure to maintain an accurate medical record
Debra Jean Maxwell, RN (Olivet, MI) – action in another jurisdiction
Brandi Davis Zimbelman, RN (Cherryville) – unsafe practice; inappropriate prescribing (NP)

Ratified Probation with Drug Screening:

Laura Renee Williamson, LPN (Asheville) – unsafe practice; failure to maintain accurate medical record
Shawna Aaron Wilson, RN (Randleman) – documentation errors; falsification of medical records

Ratified Suspension of Probationary License as follows:CDDP:

Tracey J. Ahearn, RN (Clyde) – requested to withdraw
Karen Sue Bennett, RN (Charlotte) – positive screen

Christie Jean Benoit, RN (Gastonia) – positive screen
Merriam Lavon Burke, Rn (Charlotte) – requested to withdraw
Melinda Renee Hammonds, RN (Greenville) – stopped screening
Anna Elizabeth Hankins, LPN (Eden) – positive screen
Laura Allen Overton, RN (Star) – positive screen
Denise Cheek Taylor, RN (Hamptonville) – positive screen
Sharon Benton Wilkinson, RN (Raleigh) – positive screen

Illicit Drug and Alcohol/Intervention Program:

Christie Prevatte Cummings, RN (Hamlet) – positive screen
Alice Mary Knott, RN (Winston Salem) – positive screen
Pamela Roberta Pitts, LPN (Forest City) – requested to withdraw
Alicia Williamson, RN (Greenwood, SC) – failure to comply with drug screening policies/procedures

Probationary License – Drug Screening:

Cynthia Sims Boyd, LPN (Hendersonville) – requested to withdraw
Lesa Maney Childress, LPN (Greensboro) – requested to withdraw
Andrew Mokoko-Mokeba, LPN (Graham) – positive screens
Mary Juan Munday, RN (Statesville) – positive screens
Angela Sprouse Vartabedian, RN (Leicester) – positive screen

Ratified Probationary License – Staff Reinstatements as follows:

Kristy Oxendine, RN (Shannon)

Ratified CDDP Reinstatements as follows:

Kristen Jo Beaman, RN (Mount Olive)
Pamela Ann Bowers, RN (Lincolnton)
Jody Linn Drum, RN (Charlotte)
Melissa K. Goley, RN (Clemmons)
Lisa Bowen Mason, RN (Pinetown)
Susan Dawn Odum, RN (Goldsboro)
William Shane Ward, RN (Thomasville)

Accepted the Voluntary Surrender as follows:

Catherine Cooper Allen, RN (Laurinburg) – diversion of drugs; controlled substances
Ashley Edmondson Ambrose, RN (Greenville) – theft
Joyce Ann Barker, Rn (Clyde) – diversion of drugs; controlled substances
Mary Stuart Brzeczek, RN (Plymouth) – positive drug screen
Nathan Alexander Childers, RN (Raleigh) – diversion of drugs; controlled substances
Nancy U. Crawford, RN (Waynesville) – positive drug screen
Karystal Lynn Curtis, LPN (Swannanoa) – diversion of drugs; discrepancies in documentation of controlled substances
Sherri Lynn Duncan, RN (Rural Hall) – court conviction; DWI
Angela Mills Edwards, RN (Beulaville) – neglect; falsification of medical records
Jamie Brown Hayden, RN (Charlotte) – diversion of drugs; controlled substances
Paula Ann Henry, RN (Salisbury) – impaire on duty; drugs
Dana Elizabeth Landmark, RN (Whiteville) – impaire on duty; drugs
Barbara Ann Mars, RN (Weaverville) – positive drug screen
Ginger Deanna Menius, RN (Salisbury) – diversion of drugs; controlled substances
Linda Gaye Newsome, LPN (Lindwood) – diversion of drugs; controlled substances
Marcene Bernard Schmitt, RN (Matthews) – diversion of drugs; controlled substances
Allison Faulkner Siebel, RN (Greenville) – positive drug screen; controlled substances
Jamie Carol Stitz, LPN (Supply) – diversion of drugs; prescription forgery/fraud

Ratified acceptance of Voluntary Surrender for failure to comply with Alternative Program as follows:

Frances Faye Andrews, RN (Rutherfordton) – requested to withdraw

Misty Parker Cornelius, RN (Denver) – failed to comply with terms for entry
Misty Elizabeth Ervin, LPN (Fayetteville) – did not comply with terms for entry
Tracey Davis Guice, RN (Marion) – requested to withdraw
Angelina Jackson, LPN (Morrisville)
Lisa Reed Kight, RN (Moyock) – failed to comply with drug screening requirements
Lual Liem Lualkwane, LPN (Henderson) – failed to comply with drug screening requirements
Jay Scott Meade, RN (Gloucester) – requested to withdraw
Jennifer Sharp Messer, RN (Lake Junaluska) – failed to comply with treatment requirements, submitted forged document
Marilyn Schlegel Meyer, RN (Huntersville) – failure to report relapse in the timeframe required
Timothy Allen Ramsey, Jr, RN (Asheboro) – failed to comply with treatment requirements
Kelli Driscoll Richardson, RN (Monroe) – requested to withdraw
Gretal George Whitehead, LPN (Raeford) – failed to comply with LRP Order

Ratified Suspension as follows:

Tamara Ann Abraham, RN (Fayetteville) – violating conditions imposed by the Board
Edith Acosta, LPN (Burlington) – violating conditions imposed by the Board
Carol Jane Alexander, RN (Raeford) – action in another jurisdiction
Jessica L. Barker, RN (Stoneville) – violating conditions imposed by the Board
Pamela Ann Bowers, RN (Lincolnton) – violating conditions imposed by the Board
Jacqueline Ann Clemmons, LPN (Williamston) – violating conditions imposed by the Board
Leann Milton Cox, RN (Oxford) – violating conditions imposed by the Board
Jenny Austin Davis, RN (Shelvy) child support non-compliance
Godwin Dube, LPN (Charlotte) – child support non-compliance
Teka Michelle Foster, LPN (Asheville) – violating conditions imposed by the Board
Tiffany Shenien Gathers, LPN (Charlotte) – violating conditions imposed by the Board
Angelina Jackson, LPN (Morrisville) - violating conditions imposed by the Board
Sandra Ann Brown Jordan, RN (Newton) - violating conditions imposed by the Board
Deborah Kuster Kennedy, RN (Lincolnton) - violating conditions imposed by the Board
Carolyn Sue Lucas, RN (Carolina Beach) - violating conditions imposed by the Board
Kacey Reann Midgette, LPN (Pantego) - violating conditions imposed by the Board
Heidi Shannon Moretz, LPN (Winston Salem) - violating conditions imposed by the Board
Polly Draughon Parker, RN (Warsaw) - violating conditions imposed by the Board
Gail Hutson Proctor, RN (Eden) - violating conditions imposed by the Board
Sara Elizabeth Tucker, RN (Charlotte) - violating conditions imposed by the Board

Ratified Suspension with Conditions as follows:

Kristin Renee Holwerda, RN (Raleigh) – unsafe practice; psychological

Ratified Suspension with Stay & Conditions as follows:

Holly Faye Riley, RN (Lexington) – inappropriate interaction with client (abuse); physical
Joycie Ballentine Singletary, RN (Dunn) – neglect; sleeping on duty

Ratified Completion of Probation as follows:

Mary O. Andrews, RN (Greensboro)
Cramlinda Early, RN (Goldsboro)
Nathan Earl Giles, LPN (Dunn)
Theresa Dail Hankinson, RN (Elizabeth City)
Traci Faye Hines, RN (Elizabethtown)
Theresa R. Horton, LPN (Concord)
Patty Kay, LPN (Parkton)
Patricia Martin, LPN (Eden)
Bettina Smith McNeil, RN (Madison)
Andrea Nance, RN (Calabash)
Wendy Pickett Palmer, RN (Newland)

Wendy Marie Russo, RN (Lexington)
Jeffrey Sheppard, LPN (Laurinburg)
Rebecca Torres, RN (Sunset)
Robert Q. Venable, RN (Arden)
Linda M. Wilson, LPN (Willow Spring)
Nazia Younis, LPN (High Point)

ATTACHMENT E**BOARD MEMBER CODE OF CONDUCT – JOB DESCRIPTION**

The Code of Conduct is a set of behavioral expectations intended to assure the Public that the Board and its individual members uphold the highest level of integrity and ethical standards. The following principles provide the foundation for assuring public trust in professional regulation:

- The mission of a regulatory board for a licensed profession is to ensure that the public will have access to competent, safe, and ethical practitioners in the profession.
- A major function of Board members is to create policy, articulate the mission, and sustain the vision of the Board; to govern rather than to manage.
- Members of a regulatory board must familiarize themselves with the laws, rules, regulations, policies and procedures that govern their service on the board.
- The work of regulatory boards for the licensed professions is public service, not private interest or group advocacy.
- Performance of public service is a privilege, not an earned or inherited right.
- Regardless of whether a member of a regulatory board for a licensed profession is a licensee in that or some other profession, a consumer, or any other type of member, it is essential for each board member to represent the public; that is, all of the people. Board members do not represent the profession, nor any other private group.
- Members of regulatory boards must strive beyond the norm to avoid any actual or perceived conflict of interest that may compromise the integrity of the board.
- Members of regulatory boards must strive beyond the norm to avoid any relationship, activity or position that may influence, directly or indirectly, the performance of his or her official duties as a board member.

Therefore, each Member of the North Carolina Board of Nursing shall:

1. Fulfill the oath to uphold the laws of North Carolina regarding the practice of nursing for the protection of the public;
2. Read and re-read the laws and policies under which the Board operates;
3. Prepare for, attend, and participate in the meetings of the Board and committees to which appointment has been accepted. As a guideline, the Board references Executive Order 34 *Ethics and Attendance Standards for Gubernatorial Appointees to the Board*, which states members are required to attend at least 75% of a Board's regularly scheduled meetings.

4. Utilize electronic media to include Board issued iPad, Board Member SharePoint Site and email for meeting preparation and communication with staff.
5. Review, complete and submit all surveys, assessments, mail referendums and other staff requests within the designated time frame in order to adhere to Board policies and procedures.
6. Respond to all emails or phone calls related to Board communication within 24-48 hours.
7. Ensure each matter is dealt with in a fair, equitable, impartial and just manner based on what is best for the consumer of nursing practice;
8. Reveal actual or perceived conflicts of interest and recuse oneself from Board decision making when appropriate.
9. Ensure the rights to due process and protect the integrity of individuals and agencies who appear before the Board;
10. Accept responsibility and accountability for the decisions made by the Board, regardless of personal opinion;
11. Maintain confidentiality of confidential documents, information, and general Board matters;
12. Demonstrate mutual respect and support for each other and the staff of the Board in all Board related activities;
13. Not speak or act for the Board without proper authorization;
14. Avoid advising and/or conferring with those licensees and/or their legal counsel(s) who have been issued or may be issued a letter of charges by the Board; and,
15. Adhere to all deadlines and requirements as outlined in NC General Statute Chapter 138A NC State Ethics Act

Adopted: January 18, 1984

Revised: November 1990; September 1999; September 2001; August 2007; May 2014

ATTACHMENT F

SURVEY ANALYSIS

OVERVIEW OF AD HOC COMMITTEE

The Ad Hoc Committee for Board Comp and Tenure began its work in January 2013. The first meeting focused on an historical overview of previous seated Boards, the currently seated Board, Law and Rules governing composition and tenure and discussion of experiences related to leadership and service on other Boards. Members also discussed best practices for collecting feedback from its identified audiences.

At its March 2013 meeting, members reviewed information to include the structure of other Occupational Licensing Boards as well as Boards of Nursing, staff conducted literature review and recommendations from the Citizen Advocacy Center (CAC). Members discussed the future of healthcare systems and the diversity of specialized categories within the current Board structure. After discussion related to best practices for collecting data, the Ad Hoc Committee developed a 3-phase survey to collect information:

PHASE	SURVEY PARTICIPANTS
ONE	Current Board members seated in calendar year 2013 (14)
TWO	Former Board members seated between calendar years 2000 – 2012 (31)
THREE	External stakeholders ♦: <ul style="list-style-type: none"> • Currently licensed RN and LPNs in NC (125,222) • Registrants with the NCBON Gateway (~ 13,748) • Key Stakeholder Organizations/Groups (8) • Website (open)

♦ External Stakeholders, for the purpose of this survey, are further defined as follows:

- Currently licensed RN and LPNs in NC = email blast to currently licensed RNs and LPNs with email addresses on file
- Registrants with the NCBON Gateway = Message from Executive Director posted for RNs and LPNs with a registered Gateway account
- Key Stakeholders = NC Healthcare Regulatory Boards and Nursing Organizations to include:
 - NC Medical Board
 - NC Dental Board
 - NC Board of Pharmacy
 - NC Board of Physical Therapy
- NC LPN Association
- NC Organization of Nurse Leaders
- Department of Health and Human Services
- American Association of Retired People

- Website = Message from Executive Director posted on BON homepage for all website visitors (licensed or consumer)

SURVEY TOOL

Based on discussions related to historical information, literature and other information received by Committee members, the survey tool (Attachment A) was developed and survey participants were identified.

HOW THE SURVEY WAS CONDUCTED

Board of Nursing staff conducted the 3-phase survey from October 2013 through December 2013. Identified survey participants received notification by email, mail or postings to the Board of Nursing Gateway and website. Survey participants received a message from the Executive Director (Attachment B) along with a link to the electronic survey.

RESPONSE RATE

As stated above, the Ad Hoc Committee surveyed currently seated Board members in calendar year 2013, previous Board members holding office between calendar years 2000 to 2012, currently licensed RNs and LPNs, key stakeholder organizations/groups and individuals visiting the Board's website. Below is a snapshot of the responses received from each of these categories:

SURVEY PARTICIPANTS	SURVEYS SENT	RESPONSES RECEIVED	RESPONSE RATE◆
Current Board members seated in calendar year 2013	14	12	85%
Former Board members seated between calendar years 2000 – 2012	31	18	58%
Currently licensed RN and LPNs in NC	125,222	3,570	3%
Registrants with the NCBON Gateway	13,748	796	6%
Key Stakeholder Organizations/Groups	8	43	
Website (open)	?	18	

◆ when known numbers available for calculation

ANALYSIS

TERM OF OFFICE:

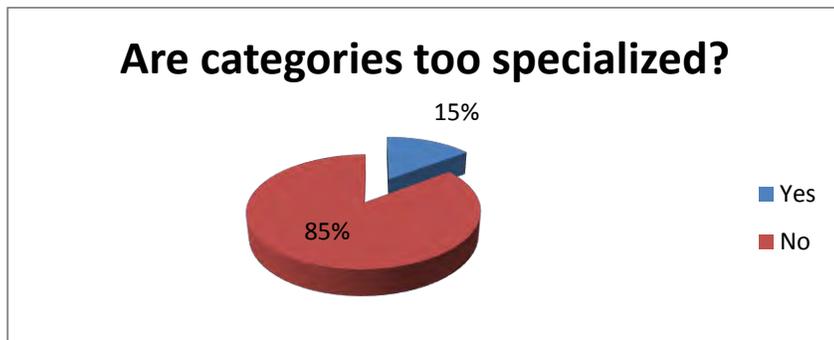
A Board Member's current term of office is 4 years. Survey participants were asked how many years a term should include. 64% of respondents agreed terms should be 4 years with 34% selecting a 3-year term.

Board members may serve no more than 2 consecutive terms or 8 years. Following a Break in service, members may run/be appointed for another term. Survey participants were asked whether or not a member should be allowed to serve more than 8 years. 77% of respondents indicated members should not be allowed to serve more than 8 years compared to 23% who felt they should.

Based on data analysis related to the term of office, the Board’s Statute related to a 4-year term of office is in line with survey participants. However, an overwhelming majority of respondents indicate Board members should NOT be allowed to serve more than eight years on the Board as is allowed in current Statute.

COMPOSITION:

The Board is comprised of the following categories: 1 RN Nurse Administrator in a Hospital or Hospital System; 1 APRN (NP, CNM, CNS or CRNA); 2 RN Staff Nurses; 3 RN Nurse Educators (1 PN, 1 ADN/Diploma, and 1 BSN/Higher Degree); 1 RN At Large; 3 LPNs; and, 3 Public Members (Appointed by Governor, President Pro-Tem Senate and House Speaker). Survey participants were asked if these categories are too specialized.



Based on the current structure, 85% of respondents indicated the categories are not too specialized. When reviewing the results, it should be noted Board members were 50/50 regarding whether or not the categories are too specialized.

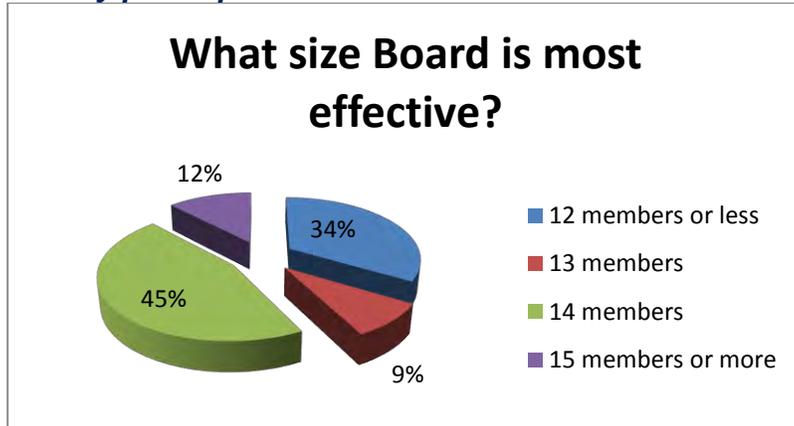
If respondents answered “yes”, they were asked to select which categories they felt were too specialized. 32% of those who responded “yes” indicated the RN Nurse Educator position is too specialized with RN Nurse Administrator in 2nd place at 19%. The remaining categories ranked as follows: Public members (16%); APRN (12%); LPN (10%); RN Staff Nurse (6%) and RN At Large (5%).

Based on data collected regarding the composition of other Boards of Nursing and Regulatory Boards, a list of generalized categories was included for consideration. Respondents were asked to rank the following categories in order of importance (1 being most important; 6 being least important) as to which would be important to include as part of the Board’s Composition:

Most Important	#1 Active Practice
	#2 Nursing Representing a Variety of Specialities
	#3 Expert Panels
	#4 Patient Representatives
	#5 Public Members
Least Important	#6 Retired

NOTE: Several respondents commented the survey tool would not let them rank these categories or change the ranking once entered.

SIZE: *The Board is comprised of 14 Board members (8 RN, 3 LPN and 3 Public Members). Survey participants were asked what size Board would be most effective.*



45% of all respondents indicated 14 members was an effective size with 34% indicating 12 members or less. Comments from survey participants regarding a 14 or less size Board include:

- More than 13-14 members and you “never get anything done”
- Should have an odd number to counter any tie votes unless the Board Chair has the power to break a tie and will use it

A small number of respondents commented a 15+ member Board was most effective. Comments include:

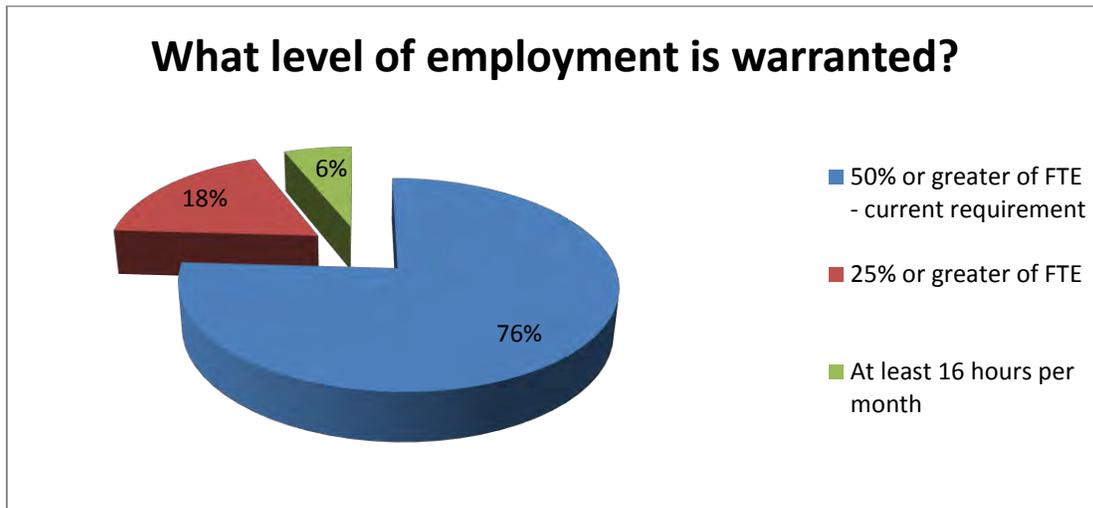
- All Boards should have an odd number of representatives
- Board should consist of 15 with 9 being RNs. Current RN composition doesn't reflect large number of nurses who work in non-institutional settings
- 15+ but less than 20
- Larger Board of 15 or more is valuable to review findings/recommendations before making final decisions

DETERMINATION OF VACANCIES: *In the event of a change in employment, the Administrative Code requires Board members to resume employment within the designated Board position within 60 days of notification of the change in employment. Survey participants were asked if this is adequate time.*

70% of the respondents indicated this was adequate time to find employment.

ACTIVE EMPLOYMENT: *Statute requires Board members to have continuous employment equal to or greater than 50% of a full-time position. Survey participants were asked if they agree that active employment is valuable for elected members.* Overwhelmingly, 94% agreed active employment is valuable.

Those respondents who answered yes that active employment is valuable, were then asked what level of employment is warranted. 76% responded the current requirement – 50% or greater of Full Time Employment (FTE) – was warranted.



Statute requires elected members have been engaged continuously in a position that meets the criteria for the Board position for at least 3 years immediately preceding election. Survey participants were asked if they agree that 3 years of recent continuous employment is valuable for elected members. 86% responded that 3 years of continuous employment is valuable.

SUMMARY

Based on the analysis of the survey, staff developed the following checklist to identify areas for discussion:

Current Requirement	Meets Expectations	Does Not Meet Expectations
4-year term of office (64% in favor)		
Serve no more than 2 consecutive terms or 8 years (77% not in favor)		
Current Categories (85% in favor)		
14 Member Board (45% in favor of current size; 34% in favor of smaller size)		
60 days to resume employment (70% in favor)		
50% of FTE (94% in favor)		
3 years continuous employment (86% in favor)		

ATTACHMENT G**21 NCAC 36 .0317 is proposed to be amended as follows:****21 NCAC 36 .0317 ADMINISTRATION**

(a) The controlling institution of a nursing program shall provide those human, physical, technical and financial resources and services essential to support program processes, outcomes and maintain compliance with Section .0300 of this Chapter.

(b) A full time registered nurse qualified pursuant to Paragraph (c) of this Rule shall have the authority for the direction of the nursing program. This authority must encompass responsibilities for maintaining compliance with rules and other legal requirements in all areas of the program. The program director shall have non-teaching time sufficient to allow for program organization, administration, continuous review, planning and development.

(c) Program director ~~qualifications~~ in a program preparing for initial nurse licensure shall ~~include~~:

- (1) ~~faculty qualifications as specified in 21 NCAC 36 .0318;~~ hold a current unrestricted license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) ~~have two years of full-time experience as a faculty member in an~~ a board approved nursing program. Beginning January 1, 2015 this experience is as a faculty with a master's degree;
- (3) ~~for a program preparing individuals for registered nurse practice, a master's degree;~~ and be experientially qualified to lead the program to accomplish the mission, goals, and expected program outcomes;
- (4) ~~for a program leading to a baccalaureate, a doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a health or education field.~~ hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution. If newly employed on or after January 1, 2016, hold a graduate degree from an accredited institution. If newly employed on or after January 1, 2021, hold a graduate degree in nursing from an accredited institution;
- (5) prior to or within the first three years of employment, have preparation in teaching and learning principles for adult education, including curriculum development.

implementation, and evaluation, appropriate to assignment. This preparation may be demonstrated by one of the following:

(A) completion of 45 contact hours of continuing education courses;

(B) completion of a certificate program in nursing education;

(C) nine semester hours of graduate course work;

(D) national certification in nursing education; or

(E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, objectives to be met and evaluated, review of strategies for identified student population and expectations of student and faculty performance;

(6) maintain competence in the areas of assigned responsibility; and

(7) have current knowledge of nursing practice for the registered nurse and the licensed practical nurse.

(d) The nursing education program shall implement, for quality improvement, a comprehensive program evaluation which shall include:

(1) students' achievement of program outcomes;

(2) evidence of program resources including fiscal, physical, human, clinical and technical learning resources; student support services, and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;

(3) measures of program outcomes for graduates;

(4) evidence that accurate program information for consumers is readily available;

(5) evidence that the head of the academic institution and the administration support program outcomes;

(6) evidence that program director and program faculty meet board qualifications and are sufficient in number to achieve program outcomes;

(7) evidence that the academic institution assures security of student information;

(8) evidence that collected evaluative data is utilized in implementing quality improvement activities; and

- (9) evidence of student participation in program planning, implementation, evaluation and continuous improvement.

(e) The controlling institution and the nursing education program shall communicate information describing the nursing education program that is accurate, complete, consistent across mediums and accessible by the public. At least the following must be made known to all applicants and students:

- (1) admission policies and practices;
- (2) policy on advanced placement, transfer of credits;
- (3) number of credits required for completion of the program;
- (4) tuition, fees and other program costs;
- (5) policies and procedures for withdrawal, including refund of tuition/fees;
- (6) grievance procedure;
- (7) criteria for successful progression in the program including graduation requirements;
and
- (8) policies for clinical performance.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;

Eff. June 1, 1992;

Amended Eff. January 1, 2015; April 1, 2008; March 1, 2006.

ATTACHMENT H

21 NCAC 36 .0318 is proposed to be amended as follows:

21 NCAC 36 .0318 FACULTY

- (a) Full-time and part-time faculty members are considered nursing program faculty. When part-time faculty members are utilized, they shall participate in curriculum implementation and evaluation.
- (b) Policies for nursing program faculty members shall be consistent with those for other faculty of the institution. Variations in these policies may be necessary due to the nature of the nursing curriculum.
- (c) ~~Nurse faculty members shall be academically qualified and sufficient in number to accomplish program outcomes.~~ Fifty percent or more of the nursing faculty must hold a graduate degree.
- (d) ~~Fifty percent or more of the nursing faculty must hold a master's degree.~~ As of January 1, 2021, at least eighty percent of the full time faculty must hold a graduate degree in nursing.
- (e) ~~Each nurse faculty member shall hold a current unrestricted license to practice as a registered nurse in North Carolina. The program director shall document current licensure to practice as a registered nurse in North Carolina.~~ As of January 1, 2021, at least fifty percent of the part time faculty must hold a graduate degree in nursing.
- (f) Hold a current unrestricted license or multistate licensure privilege to practice as a registered nurse in North Carolina.
- (f)(g) Nursing Nurse faculty who teach in a program leading to initial licensure as a nurse shall:
- (1) hold either a baccalaureate in nursing or a ~~master's~~ graduate degree in nursing from an accredited institution;
 - (2) ~~if employed after December 31, 1983,~~ have two calendar years or the equivalent of full time clinical experience as a registered nurse;
 - (3) if newly employed in a full time faculty position on or after January 1, 2016, hold a graduate degree from an accredited institution, or obtain a graduate degree in nursing from an accredited institution within five years of initial full time employment.
- (3)(4) prior to or within the first three years of employment, have preparation in teaching and learning principles for adult education, including curriculum development,

implementation, and evaluation, appropriate to assignment. This preparation may be demonstrated by one of the following:

- (A) completion of 45 contact hours of continuing education courses;
- (B) completion of a certificate program in nursing education;
- (C) nine semester hours of ~~education~~ graduate course work;
- (D) national certification in nursing education; or
- (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, objectives to be met and evaluated, review of strategies for identified student population and expectations of student and faculty performance;

~~(4) If employed prior to July 1, 2006, faculty shall meet the requirements in Subparagraph (f)(3) of this Rule by December 31, 2010. If employed on or after July 1, 2006 faculty members have three years from date of employment to meet the requirements in Subparagraph (f)(3) of this Rule.~~

- (5) maintain competence in the areas of assigned responsibility; and
- (6) have current knowledge of nursing practice for the registered nurse and the licensed practical nurse.

~~(g)~~(h) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation in the content area they are teaching.

~~(h)~~(i) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities and serve as role models to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold a current, unrestricted license to practice as a registered nurse in North Carolina.

~~(i)~~(j) Nurse faculty members shall have the authority and responsibility for:

- (1) student admission, progression, and graduation requirements; and
- (2) the development, implementation, and evaluation of the curriculum.

~~(j)~~(k) Nurse faculty members shall be academically qualified and sufficient in number to implement the curriculum as demanded by the course objectives, the levels of the students, ~~and~~ the nature of

the learning environment, and ~~shall be sufficient~~ to provide for teaching, supervision and evaluation. ~~The faculty-student clinical ratio shall be 1:10 or less.~~

~~(k)(l) There shall be a written evaluation of each nurse faculty member by the program director or a designee and a written evaluation of the program director according to the institutional policy.~~
The faculty-student ratio for faculty directed preceptor clinical experiences shall be 1:15 or less.
The faculty-student ratio for all other clinical experiences shall be 1:10 or less.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83;

Eff. February 1, 1976;

Amended Eff. January 1, 2015; August 1, 2011; November 1, 2008; July 1, 2006;

July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.

ATTACHMENT I

21 NCAC 36 .0323 is proposed to be amended as follows:

21 NCAC 36 .0323 RECORDS AND REPORTS

- (a) The controlling institution's publications describing the nursing program shall be accurate.
- (b) There shall be a system for maintaining official records. Current and permanent student records shall be stored in a manner that prevents damage and unauthorized use.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each enrolled student shall contain up-to-date and complete information, including:
 - (1) documentation of admission criteria met by the student;
 - (2) high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
 - (3) transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section including:
 - (1) an Annual Report received by the Board by November 1 of each year;
 - (2) a Program Description Report for non-accredited programs received by the Board at least 30 days prior to a scheduled review; and
 - (3) notification by institution administration of any change of the registered nurse responsible for the nursing program. This notification must include a vitae for the new individual and must be submitted within 20 business days of the effective date of the change; ~~and~~
 - (4) ~~a curriculum vitae for new faculty submitted by the program director within 20 business days from the time of employment.~~
- (g) All communications relevant to accreditation shall be submitted to the North Carolina Board of Nursing at the same time the communications are submitted to the accrediting body.

(h) The Board may require additional records and reports for review at any time to provide evidence and substantiate compliance with the rules in this Section by a program and its associated agencies.

(i) The part of the application for licensure by examination to be submitted by the nursing program shall include a statement verifying satisfactory completion of all requirements for graduation and the date of completion. The nursing program director shall submit the verification form to the Board within one month following completion of the program.

History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;

Eff. February 1, 1976;

Amended Eff. January 1, 2015; December 1, 2005; January 1, 2004; June 1, 1992;

January 1, 1989; January 1, 1984.

ATTACHMENT J

21 NCAC 36.0228 is proposed to be amended as follows:

21 NCAC 36 .0228 CLINICAL NURSE SPECIALIST PRACTICE

(a) A Effective March 1, 2015, only a registered nurse who meets the qualifications as outlined in Paragraph (b) of this Rule ~~may shall~~ be recognized by the Board as a clinical nurse specialist, ~~and to perform advanced practice registered nursing activities at an advanced skill level~~ as outlined in Paragraph ~~(e)~~ (f) of this Rule.

(b) ~~In order to be recognized as a Clinical Nurse Specialist, the~~ The Board of Nursing shall ~~require recognize~~ an applicant to meet the following qualifications: who:

- (1) has an unrestricted license to practice as a registered nurse in North Carolina or a party state;
- ~~(2)~~ has an unrestricted previous approval, registration or license as a clinical nurse specialist if previously approved, registered, or licensed as a clinical nurse specialist in another state, territory, or possession of the United States;
- ~~(2)~~ (3) has successfully completed a master's or higher degree program consisting of a minimum of 500 hours of clinical experience in the clinical nursing specialty as defined in 21 NCAC 36 .0120(41) and consistent with G.S. 90-171.21(d)(4). For a dual track graduate program, if less than 500 hours per track, a requirement that there must be documentation of any crossover which would justify less than an additional 500 hours for the second track; and accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation; and,
- (4) either:
 - ~~(3)~~ (A) has current certification in the as a clinical nursing specialty nurse specialist from a national credentialing body approved by the Board of Nursing, as defined in Paragraph ~~(e)~~ (g) of this Rule and 21 NCAC 36 .0120(26). 36.0120(26); or
 - (B) if no clinical nurse specialist certification is available in the specialty, meets requirements determined by the Board to be equivalent to national certification. The Board shall determine equivalence based on consideration

of an official transcript and course descriptions validating (b)(3) of this Rule, current curriculum vitae, work history and professional recommendations indicating evidence of at least 1,000 hours of clinical nurse specialist practice, and documentation of certificates indicating 75 contact hours of continuing education applicable to clinical nurse specialist practice during the previous five years.

(c) An applicant certified as a clinical nurse specialist by a national credentialing body prior to January 1, 2007 and who has maintained that certification and active clinical nurse specialist practice, and holds a master's or higher degree in nursing or a related field shall be recognized by the Board as a clinical nurse specialist.

(d) New graduates seeking first-time clinical nurse specialist recognition in North Carolina shall hold a Master's, post-master's or higher degree from a clinical nurse specialist program accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation as acceptable by the Board, and meets all requirements in (b)(1)(2)(3) and (4)(A) of this Rule.

(e) A clinical nurse specialist seeking Board of Nursing recognition who has not practiced as a clinical nurse specialist in more than five years shall complete a clinical nurse specialist refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36. 0220 and consisting of common conditions and their management directly related to the clinical nurse specialist's area of education and certification. A clinical nurse specialist refresher course participant shall be granted clinical nurse specialist recognition that is limited to clinical activities required by the refresher course.

~~(e)~~(f) The scope of practice of a Clinical clinical nurse specialist scope of practice incorporates the basic components of nursing practice as defined in Rule .0224 of this Section as well as the understanding and application of nursing principles at an advanced practice registered nurse level in his/her the area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency has been maintained which includes:

- (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem;
- (2) diagnosing and managing clients' acute and chronic health problems within a an advanced practice nursing framework;

-
- (3) assessing for and monitoring the usage and effect of pharmacologic agents within an advanced practice nursing framework;
 - ~~(3)~~(4) formulating strategies to promote wellness and prevent illness;
 - ~~(4)~~(5) prescribing and implementing therapeutic and corrective ~~nursing measures~~; non-pharmacologic nursing interventions;
 - ~~(5)~~(6) planning for situations beyond the clinical nurse specialist's expertise, and consulting with or referring clients to other health care providers as appropriate;
 - ~~(6)~~(7) promoting and practicing in collegial and collaborative relationships with clients, families, other health care professionals and individuals whose decisions influence the health of individual clients, families and communities;
 - ~~(7)~~(8) initiating, establishing and utilizing measures to evaluate health care outcomes and modify nursing practice decisions;
 - ~~(8)~~(9) assuming leadership for the application of research findings for the improvement of health care outcomes; and
 - ~~(9)~~(10) integrating education, consultation, management, leadership and research into the ~~advanced clinical nursing nurse~~ nurse specialist role.
- ~~(d)~~(g) The A registered nurse ~~who seeks~~ seeking recognition by the Board as a clinical nurse specialist shall:
- (1) complete the appropriate application, which shall include:
 - (A) evidence of the appropriate masters, post-master's certificate or doctoral degree as set out in Subparagraph ~~(b)(2)~~ (b)(3) of this Rule; ~~and~~ and, either
 - (B) evidence of current certification in a clinical nursing specialty from a national credentialing body as set out in Subparagraph ~~(b)(3)~~ (b)(4)(A) of this Rule; or
 - (C) meet requirements as set out in Subparagraph (b)(4)(B) of this Rule.
 - (2) submit any additional information necessary to evaluate the application as requested by the Board.
 - ~~(2)~~(3) submit a processing fee of twenty-five dollars (\$25.00) to cover the costs of duplicating and distributing the application materials; ~~and~~
 - (4) renew the recognition every two years at the time of registered nurse renewal; and,
 - (5) either:

- ~~(3)~~(A) submit evidence of initial certification and re-certification by a national credentialing body at the time such occurs in order to maintain Board of Nursing recognition consistent with Paragraphs (b) and ~~(e)~~ (h) of this ~~Rule~~.
Rule; or
- (B) if subject to Subparagraph (b)(4)(B) of this Rule, submit evidence of at least 1,000 hours of practice and 75 contact hours of continuing education every five years.

~~(e)~~(h) The Board of Nursing ~~may~~ shall approve those national credentialing bodies offering certification and recertification in a clinical nursing specialty which have established the following minimum requirements:

- (1) an unencumbered registered nurse license; and
- (2) certification as a clinical nurse specialist is limited to masters, post-master's certificate or ~~doctoral~~ doctorally prepared ~~applicant~~ applicant. ~~effective January 1, 2010.~~

*History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21(d)(4); 90-171.23(b); 90-171.27(b); 90-171.42(b);
Eff. April 1, 1996;
Amended Eff. August 1, 2014; April 1, 2008; January 1, 2007; November 1, 2005;
August 1, 2005; April 1, 2003.*

ATTACHMENT K

IN APPRECIATION

OF

Sara A. Griffith

- WHEREAS, the North Carolina Board of Nursing is charged with the responsibility of regulating the practice of nursing in order to assure safe nursing care for the public; and
- WHEREAS, membership on the Board reflects a commitment to the public and the profession and a willingness to provide leadership in nursing in North Carolina; and
- WHEREAS, Board activities have required much time and energy from members; and
- WHEREAS, you have willingly and actively participated in numerous activities as a member of the Board; therefore, be it
- RESOLVED, that the North Carolina Board of Nursing recognize and express appreciation for the many contributions made by you and the leadership role you have provided in North Carolina; and be it further
- RESOLVED, that a copy of this resolution be attached to the minutes of this meeting and a copy be given to you.