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The Bulletin

The Official Publication of the North Carolina Board of Nursing



CE Article

North Carolina Trends in Nursing Education and the Nursing Workforce

The Bulletin

The Bulletin is the official publication of the North Carolina Board of Nursing.

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Mission

Protect the public by regulating the practice of nursing.

Vision

Exemplary nursing care for all.

Values

Equity, Integrity, & Agility



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CE ARTICLE

NORTH CAROLINA TRENDS IN NURSING EDUCATION AND THE NURSING WORKFORCE

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NORTH CAROLINA SEXUAL ASSAULT NURSE EXAMINER TRAINING UPDATES



letter from the Chief Executive Officer

As we all welcome the start of Fall, I am thankful for the opportunity to serve as the North Carolina Board of Nursing's CEO in support of our mission of public protection. I am immensely grateful for the dedicated service of over 176,000 licensed nurses in North Carolina. We have seen an increase in the number of nurses who are choosing to endorse into NC. During the past fiscal year, over 7,000 nurses licensed in other states decided to make NC their primary state of residence.

It is with this growth and the growth of our pre-licensure nursing education programs that we can care for patients in a variety of healthcare settings. Data reported during the September 2022 Board Meeting, include 6,360 new RNs/LPNs who entered the workforce as newly licensed nurses during FY 21-22. Additionally, 6,397 nurse practitioners received their initial approval to practice in NC. NC is forecasted to experience a shortage of over 12,000 nurses in NC by 2033.

During our September Board meeting, new board member leadership was elected. I would like to congratulate Dr. Racquel Ingram, 2023 Board Chair, and Andrea Jeppson, 2023 Board Vice-Chair. Each year we welcome new members and thank members whose terms are ending. I welcome Frank DeMarco who completed his Oath of Office and will serve as the RN - Nurse Administrator in Hospital or Hospital System seat. I would like to thank Chester Farley for his service on the Board as his term ends at the end of this year. In January 2023, the newly elected board members will take their Oath of Office: Karen York (RN- Staff Nurse), Anna Seaman (RN - ADN/Diploma Nurse Educator), and Arlene Imes (LPN). The nomination form for the 2023 elections is included in this publication on page 6. The open positions for 2023 are RN BSN/Higher Degree Nurse Educator, RN Nurse Administrator (Hospital/Hospital System), and LPN.

In this edition of *The Bulletin*, the CE Article focuses on trends in nursing education and the nursing workforce. Dr. Jennifer Lewis, Director of Education, highlights the NCBON's regulation of pre-licensure nursing education programs and our commitment to contribute to the ongoing conversations related to nursing workforce issues.

The other highlighted article in this edition is an informational article on Sexual Assault Nurse Examiner (SANE) training updates. This past FY five (5) new SANE programs were approved by the NCBON bringing the total to 17 active programs as of June 30, 2022.

Regards,

A handwritten signature in black ink that reads "Crystal L. Tillman". The signature is written in a cursive, flowing style.

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
Chief Executive Officer

letter from the NCBON Board Chair



As I reflect over the past four years, serving as LPN on the North Carolina Board of Nursing (NCBON), it has truly been an honor and privilege to serve as a member, Vice-Chair and Chair. It has taken a lot of personal courage to step outside of my comfort zone. This opportunity to serve the public of North Carolina has provided me with the opportunity to grow in my knowledge of nursing regulation. Serving as Chair of this distinguished organization has been the highlight of my career.

As a Board member, I have learned there is no title that stands higher than another, we all have an equal voice in the decision-making. A board member's primary responsibility is to uphold the Mission Statement: Protect the public by regulating the practice of nursing. We achieve this through a focus on the NCBON's vision - exemplary nursing care for all - and values - Equity, Integrity, Agility.

It was a great honor to be re-elected for another four years as LPN on the NCBON. I will continue to serve the public by upholding the Mission, Vision, and Values of the NCBON.

Congratulations to Dr. Racquel Ingram and Andrea Jeppson who were elected as Chair and Vice-Chair, respectively, for 2023. Dr. Ingram and Mrs. Jeppson will provide sound leadership and bring their expertise to the organization. Welcome to the newly elected Board members: Dr. Anna Seaman (RN - ADN/Diploma Nurse Educator) and Karen York (RN - Staff Nurse) who will take their Oath of Office in January 2023.

In closing, I leave you with this quote by Maya Angelo "One isn't necessarily born with courage, but one is born with potential. Without courage, we cannot practice any other virtue with consistency. We can't be kind, true, merciful, generous, or honest." I encourage all my nurse colleagues to practice nursing with courage.



Sincerely,

A handwritten signature in black ink, appearing to be "Arlene Imes".

Arlene Imes, LPN
NCBON Board Chair

2023 Elected Officers & New Members

Elected Officers



Racquel Ingram, PhD, RN

Chair 2023



Andrea Jeppson, LPN

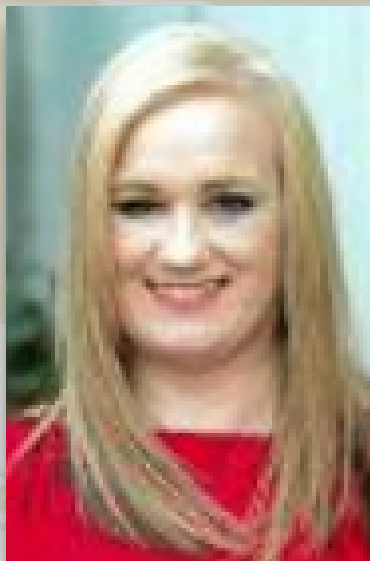
Vice-Chair 2023

Newly Elected Members



**Anna Seaman, DNP,
MSN, AAS**

*ADN/Diploma Nurse
Educator*



**Karen York, MSN, BSN,
RN, Medsurg-BC**

Staff Nurse



Arlene Imes, LPN

Licensed Practical Nurse

NOMINATION FORM FOR 2023 ELECTION

Although we just completed a successful NC Board of Nursing election, we are already preparing for our next election. In 2023, the Board will have three openings: RN BSN/Higher Degree Nurse Educator, RN Nurse Administrator (Hospital/Hospital System), and LPN. The nomination form must be completed and received in the Board office **on or before April 1, 2023**. Read the nomination instructions and make sure the candidate(s) being nominated meets all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed nomination form signed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

1. Hold a current unencumbered license to practice in North Carolina;
2. Be a resident of North Carolina;
3. Have a minimum of five years of experience in nursing; and,
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN-At Large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You may also contact the Board at election@ncbon.com. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2023.



Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable.
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. **The envelope containing the petition must be postmarked on or before April 1, 2023, for the nominee to be considered for candidacy.** Petitions received before April 1, 2023 deadline will be processed on receipt.
9. Elections will be held from July 1 through August 15, 2023. Those elected will begin their terms of office in January 2024.

Please submit completed nomination form to:

2023 Board Election
North Carolina Board of Nursing
P.O. Box 2129
Raleigh, NC 27602-2129



Proposed Rule Changes

On September 22, 2022, the NC Board of Nursing approved proposed amendments to **21 NCAC 36 .0228 Clinical Nurse Specialist** and proposed repeal of **21 NCAC 36 .0817 COVID-19 Drug Preservation Rule**. A public hearing will be held Wednesday, December 7, 2022 at 9:00 am at the North Carolina Board of Nursing office located at 4516 Lake Boone Trail, Raleigh, NC 27607.

Persons may submit objections or public comment related to these rules by contacting:

Angela Ellis, Chief Administrative Officer/APA Coordinator
North Carolina Board of Nursing
PO Box 2129
Raleigh, NC 27602-2129
email: lawsrules@ncbon.com

Public comment period ends at 5:00 pm on January 17, 2023.

For more information regarding the procedure for subjecting a proposed rule to Legislative Review, visit our website at www.ncbon.com.

21 NCAC 36 .0228 Clinical Nurse Specialist Practice

Reason for Proposed Amendment: Clinical Nurse Specialists (CNSs) can be recognized in North Carolina without national certification. Currently, CNSs may submit evidence of meeting requirements equivalent to national certification if no clinical nurse specialist certification is available in the specialty. A portfolio process has been used if no national CNS certification is available in the CNS’s specialty and the CNS completed their academic preparation prior to 07-01-2015. No portfolio has been submitted since August 2020. The Board approved amendments to Rules to eliminate the portfolio route for new CNS recognition and align certification and continuing education with the requirements for other Advanced Practice Registered Nurse roles of Certified Registered Nurse Anesthetist, Certified Nurse-Midwives and Nurse Practitioners.

21 NCAC 36 .0817 COVID-19 Drug Preservation Rule

Reason for Proposed Amendment: At the outset of the COVID-19 pandemic in March 2020, the North Carolina Secretary of Health and Human Services and the State Health Director proposed that the Boards of Nursing, Pharmacy and the Medical Board adopt a COVID-19 Drug Preservation Rule. At that time, there were many drugs with a suspected potential to treat COVID-19. The rule was drafted to ensure that a supply of those drugs also remained available for patients who were prescribed those drugs for other conditions. On August 15, 2022, the declared state of emergency ended in North Carolina. With that change, the North Carolina Secretary of Health and Human Services and the State Health Director have agreed that there is no current need for this rule. The Board of Nursing understands that the Medical Board and the Board of Pharmacy are considering repealing their analogous rules.

Sign Up Here!

Sign up for our interested parties list to receive timely updates regarding rules!

North Carolina Trends in Nursing Education and the Nursing Workforce

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled, “North Carolina Trends in Nursing Education and the Nursing Workforce.” Participants must read the CE article, online reference documents (if applicable), and reflect on the reflection questions to earn CE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

Provider Statement — The North Carolina Board of Nursing will offer **1.0** contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Learning Outcome: Nurses will gain an increase in knowledge of state regulations governing pre-licensure nursing education programs and the relationship between nursing education and the nursing workforce.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on the questions listed under “Reflection Questions” sections of this article.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over “Education”; under “Continuing Education,” select “Board Sponsored Bulletin Offerings,” scroll down to link, “North Carolina Trends in Nursing Education and the Nursing Workforce.” Register. Be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, provide your full name and the title of the CE offering (North Carolina Trends in Nursing Education and the Nursing Workforce).

Registration deadline is 07-01-2024

Licensed nurses account for the largest profession in the healthcare workforce globally (Drennan and Ross, 2019) and as such provide much of the care rendered to people in various states of wellness. Despite nursing being the dominant profession providing healthcare services to North Carolinians, the Tarheel State is not immune to the increasing healthcare needs of its citizens. According to NC Nursecast, a web-based, interactive workforce model that forecasts the future supply and demand for RNs and LPNs, North Carolina (NC) is poised to face a shortage of 12,500 nurses by 2033. The nursing workforce is essential to not only

maintaining but improving the health and well-being of citizens of the state of NC. According to G.S. 90-171.20 (4), nursing is defined as,

“... a dynamic discipline which includes the assessing, caring, counseling, teaching, referring, and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to; assisting; and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and

rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions; and the administration of nursing programs and nursing services”.

Such a dynamic profession is essential to uplifting the wellness of individuals, groups, and communities. However, the health of our state and country are contingent on there being enough competent nurses to sustain health promoting initiatives. The National Academies of Medicine’s Future of Nursing 2020 – 2030 report highlights the importance of nursing in the health of the nation stating, “...strengthening the nursing workforce is one of the key areas that will enhance nursing’s role in addressing SDOH [social determinants of health] and improving health and health care equity” (p. 60). The NC nursing workforce is so intricately tied to the North Carolina Board of Nursing (NCBON) mission of public protection, the NCBON sponsored the research supporting the NC Nursecast modeling tool. The Cecil G. Sheps Center’s Program on Health Workforce Research and Policy team, developed NC Nursecast in collaboration with the NCBON. Additionally, the NCBON routinely collects information from pre-licensure nursing education programs to better understand the potential new nursing supply to the nursing workforce. Data from the Annual Education Trends Reports will be explored further in this article.

The Connection between Nursing Regulation and the Nursing Workforce

The NCBON is committed to ensuring the citizens and visitors to NC are afforded protections from those individuals providing nursing care within its geographical boundaries. Paramount to supporting the mission of the NCBON are the nursing education programs that matriculate the nurses of tomorrow. The NCBON has jurisdiction over all pre-licensure nursing education programs operating in the state of NC. Those include nursing education programs leading to initial licensure as a practical nurse or a registered nurse. There are

over 135 pre-licensure nursing education programs across the state of NC. Each has its own unique identity, yet all have a common goal of graduating individuals that can demonstrate minimal competency to practice as a licensed nurse.

This common goal binds nursing regulation, in particular nursing regulation of education programs, with nursing workforce data. Understanding the supply and demand of nursing professionals is necessary for effective strategic planning for nurse regulators, clinical agencies, policy makers and educators. A thorough understanding of trends in nursing education is a key component of the workforce conversation. The NCBON has recognized the importance of disseminating data on trends in nursing education since the early 2000s. At that time, the North Carolina Center for Nursing served a vital role in gathering data about workforce trends to inform decision makers.

In 1991, NC became the first state in the nation to fund an agency whose mission of overseeing and ensuring adequate nursing resources to meet the health care needs of the citizens of NC was explored. The work of the NC Center for Nursing was a key predecessor to the work the Cecil G. Sheps Center has performed in recent years. Unfortunately, the shortages forecasted by the NC Center for Nursing decades ago are now being realized and are projected to extend through 2033 according to NC Nursecast.

Reflection Questions

Do you perceive nursing workforce challenges in your workplace? If so, how are these challenges manifested in your daily work?

In your view, how does the nursing workforce influence the health of NC citizens and visitors?

The Laws and Rules Impacting Nursing Education

Nursing workforce data is essential to ensuring the public health of our state. According to Dr. Erin Fraher, Director of the Carolina Health Workforce Research Center, “One way to protect the public is to ensure they have access to licensed providers. One way to help in this goal is to have an understanding of the current workforce (numbers) and project what the workforce may look like in the future (NC Nursecast study)” (Personal Communication, November 17, 2021). The NCBON recognizes its essential role in supporting the sustained pipeline of nurses for the state of NC. “The General Assembly of North Carolina finds that mandatory licensure of all who engage in the practice of nursing is necessary to ensure minimum standards of competency and to provide the public safe nursing care” (G.S. 90-171.19). According to Fukada (2018), competence is “an ability acquired through experience and learning” and a holistic view of competency suggests that [minimum] competency is ascertained through the acquisition of nursing knowledge, skills, abilities, and attitudes as delivered through a structured curriculum (p.1). The NCBON is authorized through enactment of the Nursing Practice Act to promulgate and enforce necessary regulations to support the competence of those seeking to enter the profession of nursing. Specifically, G.S. 90-171.23(b)(8), (9), and (10), state the NCBON has the duty to:

- Establish standards to be met by the students, and to pertain to faculty, curricula, facilities, resources, and administration for any nursing program as provided in G.S. 90-171.38;
- Review all nursing programs at least every eight years or more often as considered necessary by the Board or program director; and
- Grant, deny, or withdraw approval for nursing programs as provided in G.S. 90-171.39.

The Nursing Practice Act provides the foundation for every function and duty carried out by the NCBON and “licensing a professional sends

a clear message to the public that the individual holding a license has satisfied necessary academic requirements and has met minimum entry-level standards of competency before being approved to practice in that profession” (Privette, 2018). The Nursing Practice Act is further clarified through NC Administrative Code (Rules) which are developed by the Board and provide the details necessary to support implementation of and adherence to the laws. Title 21, Chapter 36, Section 300 of the NC Administrative Code contains many of the rules that govern pre-licensure nursing education programs in the state.

The Role of the Board of Nursing in Nursing Education Regulation

The NCBON approves and monitors pre-licensure nursing education programs in North Carolina. According to Spector et al. (2018), “the purpose of BON program approval is to ensure the program comprehensively covers the knowledge and skills that students will need to be licensed..., and to practice safely and competently as new graduate nurses” (p. 22). The road to obtaining a nursing license in the US has two main requirements: 1) to complete a Board of Nursing approved nursing education program, and 2) to pass the NCLEX™ (PN or RN) depending on educational preparation (Spector et al., 2018).

The NCBON engages in a rigorous review process for institutions of higher learning seeking approval to establish a new pre-licensure program in NC. Requirements as outlined in the previously referenced North Carolina Nursing Practice Act (NPA) and 21 NCAC 36. 0302 and 21 NCAC 36. 0303 of the North Carolina Administrative Code specify the minimum requirements for the initial and ongoing Board approval of nursing education programs. The minimum standards as outlined in law and rule are grounded in research and sound educational principles. The following list (NCSBN, 2012 as adapted from Spector et al., 2018) highlights key evaluative criteria assessed by nursing regulators in the initial and ongoing approval of nursing education programs.

- The governing entity: Nursing specialty

accreditation, regional accreditation, the requisite state approvals, and the institution's support of the education program.

- Program leadership: The qualifications and stability of the program directors and their authority to make changes in the program.
- Faculty: Qualifications and responsibilities; policies; organization of faculty, such as bylaws, committee structure, and how they conduct business.
- Curriculum: Teaching strategies and the basic elements of the nursing education program.
- Clinical learning experiences: Sufficient numbers of supervised clinical experiences with actual patients; labs and simulation experiences; faculty evaluation of students' clinical experiences.
- Physical and fiscal resources: Sufficient facilities and budget for size of student body.
- Evaluation plan: An ongoing plan for quality improvement.

Program faculty are especially important in the evaluation of program approval as faculty qualifications such as experience, FTE status (Odom-Maryon et al., 2018), and tenure of employment (Spector et al., 2018) have all been found to influence overall program performance. In the context of the nursing workforce, having well qualified faculty sufficient to meet the educational and developmental needs of students is essential to securing the nursing workforce pipeline.

Reflection Questions

Think about the referenced law (Nursing Practice Act), North Carolina Administrative Code – Rules (21 NCAC 36. 0302 and 21 NCAC 36. 0303), and role of the NCBON. Reflect on how these combined resources support minimum nursing competency, safe nursing care, and the nursing workforce.

Reflect on opportunities for which education consultation may be beneficial.

Requirements for Nursing Faculty in North Carolina

The importance of educators in our society cannot be overstated. They inspire, encourage, and mentor students to expand their capacity and desire for knowledge. They facilitate professional and personal growth which ultimately enhance one's society. Nurse educators seek to foster the intellectual and analytical capacity of students while cultivating a caring, compassionate spirit culminating in graduates who are competent nursing clinicians. The NCBON has established reasonable, evidence based standards for nurse educators teaching pre-licensure nursing students in NC. 21 NCAC 36. 0318 details the academic and work experience required of nursing education faculty in pre-licensure nursing education programs. The list below paraphrases those requirements.

- Active, unencumbered license to practice as a registered nurse in NC;
- Hold a baccalaureate in nursing or a graduate degree in nursing if employed in a part-time capacity;
- Two years of full-time experience as a registered nurse;
- If employed in a full-time faculty position, hold a graduate degree upon hire or earn one within the first 5 years of employment;
- Within the first three years of employment have education in teaching and learning principles;
- Maintain competence in the areas of assigned responsibility; and
- Have knowledge of current nursing practice.

These requirements highlight the minimum standards required of educators who are charged to teach the next generation of licensed nurses. According to Aldebron and Allan (2010), there is widespread support amongst lead organizations within the nursing community to include national nursing accrediting bodies, academicians, and professional organizations on the need for graduate-prepared faculty in nursing education programs. The National Council of State Boards of Nursing (NCSBN) Model Rules call for RN program faculty to be experientially and academically

qualified with a minimum of a graduate degree (NCSBN, 2012; NCSBN, 2021). The National League for Nursing (NLN) has consistently advocated to position nurse educator preparation at the doctoral level (NLN, 2013) recognizing that the practice of teaching is learned through graduate preparation (NLN, 2017) and according to the National Advisory Council on Nurse Education and Practice (2020), “PhD-prepared nurses and nurse scientists are the predominant human capital necessary to educate new nursing students” (p. 11). There is wide consensus that, “the quality of the faculty is at the core of a successful nursing program,” (Spector et al., 2020, p. 40), however, the lack of qualified faculty is the primary reason that 80,000 qualified applicants to pre-licensure nursing education programs in the US were denied admission, according to the American Association of Colleges of Nursing’s (AACN) report on 2019-2020 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing (AACN, 2020). It is with this understanding that the NCBON seeks to better understand the ongoing needs of NC pre-licensure programs to matriculate and graduate students to strengthen NC’s nursing workforce.

student population and the programs in which those students are enrolled in NC. The report provides some insight into the supply of new nurses that may contribute to the nursing workforce in NC. All the analyses in the Trends report are based on self-reported data collected by the NCBON during October of each year. The survey instrument used by the NCBON has been revised for the 2022 data collection period. The benefits of this change are that the quality and quantity of information about NC nursing education programs will be aligned with other Boards of Nursing enabling NC to contribute to the first-ever national nursing education database. With an understanding that the revisions will make trend analysis prior to 2022 less likely, this article serves to highlight some of the trend data over the last ten years. To view individual Education Annual Reports, please visit the NCBON website (www.ncbon.com).

The graphs and tables presented in this report detail the number of qualified applicants, qualified applicant admissions, and how those numbers have changed since 2011; current enrollment figures and trends in enrollment; trends in total graduates over time, and finally, a section describing aspects of our nursing education faculty and faculty vacancies trended over time. While these figures do not represent the entirety of the data collected over the years, these figures serve to provide additional context around North Carolina’s current and future positioning in the delivery of healthcare to NC citizens.

The education annual reports examine the number of individuals seeking entry into pre-licensure nursing education programs across NC. The demand for entry into nursing school greatly outpaces the capacity of nursing programs as interest remains high in all types of nursing programs. Year after year, there are more than 12,500 qualified applicants to pre-licensure nursing education programs in NC. However, when looking at these figures, there is likely some duplication in the counts of applicants since many nursing students apply to more than one program to increase their odds of acceptance. However, consistent with national data (AACN, 2018; AACN,

Reflection Questions

In addition to providing clinical experiences, how might your organization collaborate with pre-licensure nursing education programs to contribute to solutions for addressing nursing workforce needs?

What innovative opportunities exist to support nursing faculty in your current role?

What innovative opportunities exist to strengthen and grow the nursing workforce in NC?

North Carolina Trends in Nursing Education

Understanding trends in nursing education is a key component in strategic planning for the nursing workforce. The NCBON Education Trends report examines characteristics of the nursing

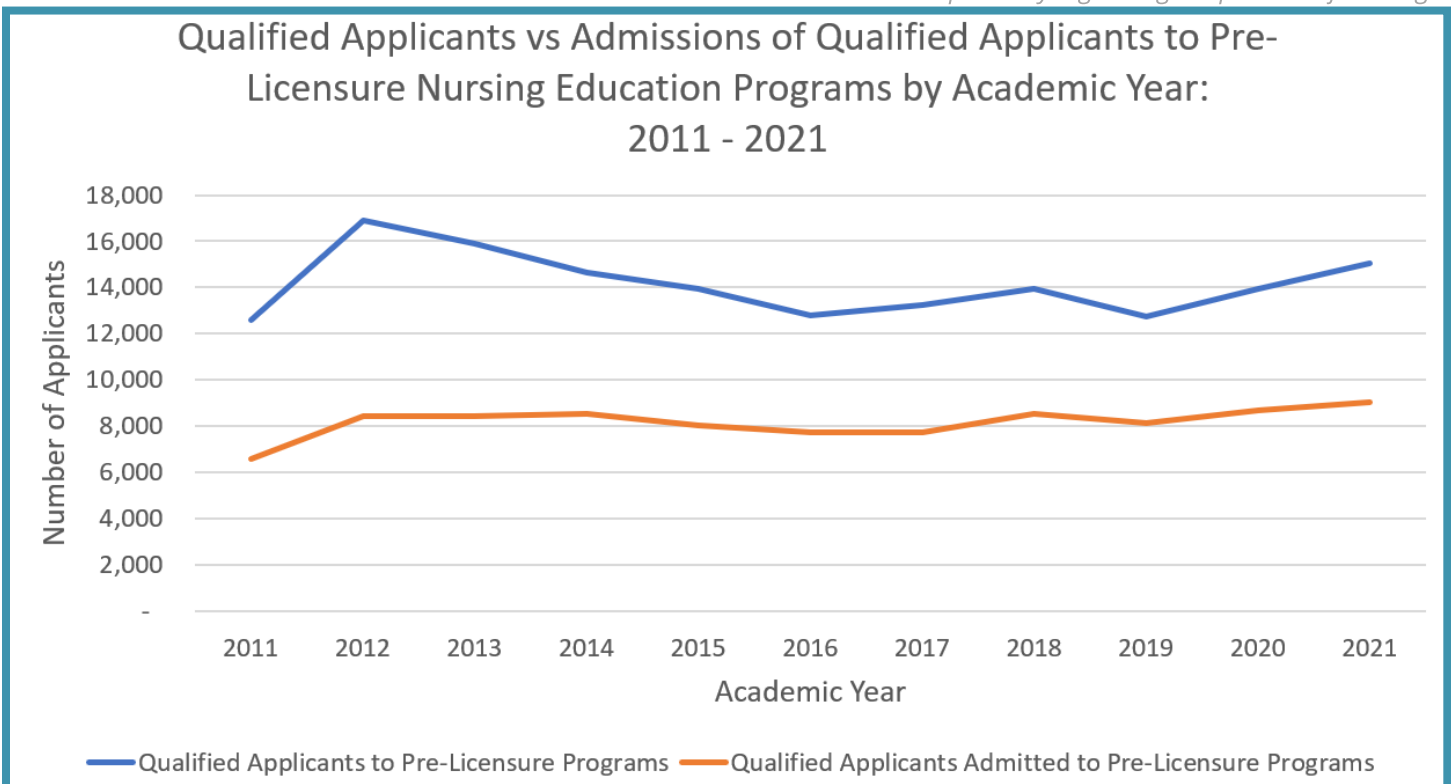


Chart 1 | *Qualified Applicants vs. Admissions of Qualified Applicants to Pre-Licensure Nursing Education Programs* | 2011-2021

2020), most pre-licensure nursing education programs have not been able to admit all qualified candidates. In NC, programs have only been able to admit an average of 58% of their qualified applicants over the last decade as shown in Chart 1 (above).

While approximately 1/3 of qualified applicants are denied admission to pre-licensure programs each year, only a fraction (approximately 85%) of those admitted, actually enroll in a nursing program. This further decrease in the applicant pool hampers NC's ability to cultivate a nursing workforce sufficient to meet our present and future healthcare needs. Despite these challenges, it is notable that the total overall enrollment of nursing students continues to trend upward as noted in Chart 2. Between 2011 and 2021 there was an 8% increase in student enrollment (Academic Year [AY] 2011, n=10,502 and AY 2021, n=11,335) which outpaces national figures which show pre-licensure programs experienced a 5% increase in student enrollment over the last 15 years (AACN, 2020a). The increase in student enrollment has translated into a 45% increase in the overall number of graduates from pre-licensure nursing education programs in NC over the same time as demonstrated in Chart 3 (AY 2011, n=3775 and AY

2021, n=5495). Notably, for academic years 2020 and 2021, NC programs graduated close to 5,500 students, the highest levels recorded. This is a testament to the commitment of nursing faculty, students, and institutional administrations to persevere during a world health crisis to ensure the vital pipeline of new nurses was sustained during the height of the COVID-19 pandemic.

Despite the growth in nursing student enrollment and graduates from pre-licensure nursing education programs, it remains important to assess the impact of nursing faculty on these figures. While formalized research is needed to ascertain the full impact of nursing faculty on student graduation rates, some tentative, yet unconfirmed associations are made based on the demographic data available. In North Carolina, total faculty vacancies may initially appear stable over the past decade (AY 2011, n= 300 and AY 2021, n = 304), however, Chart 4 reveals that there has been lability in faculty vacancy rates.

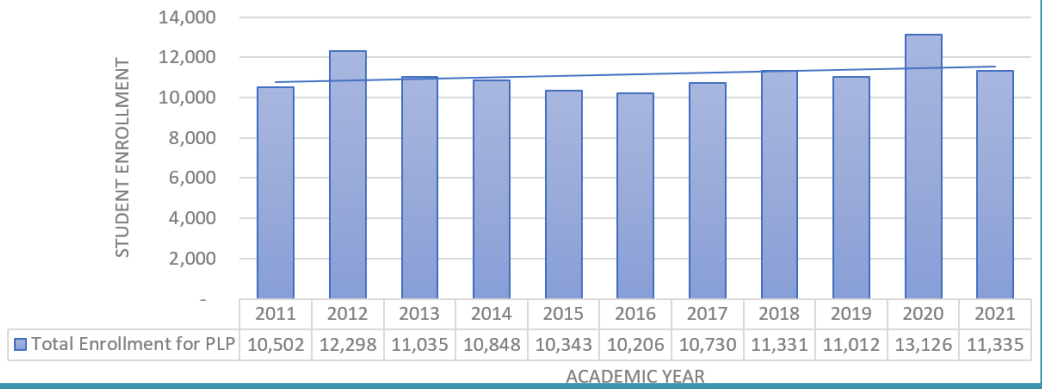
Faculty vacancy is defined as a vacant position for a faculty member that is being actively recruited as of the Fall Term Census Date which is October 1. (NC Trends in Nursing Education 2011 – 2021). Faculty vacancies have been cited as a

Chart 2

Total Student Enrollment in Pre-Licensure Programs by Academic Year

2011 – 2021

Total Student Enrollment in Pre-Licensure Programs by Academic Year: 2011 - 2021



Total Graduates from Pre-Licensure Programs by Academic Year

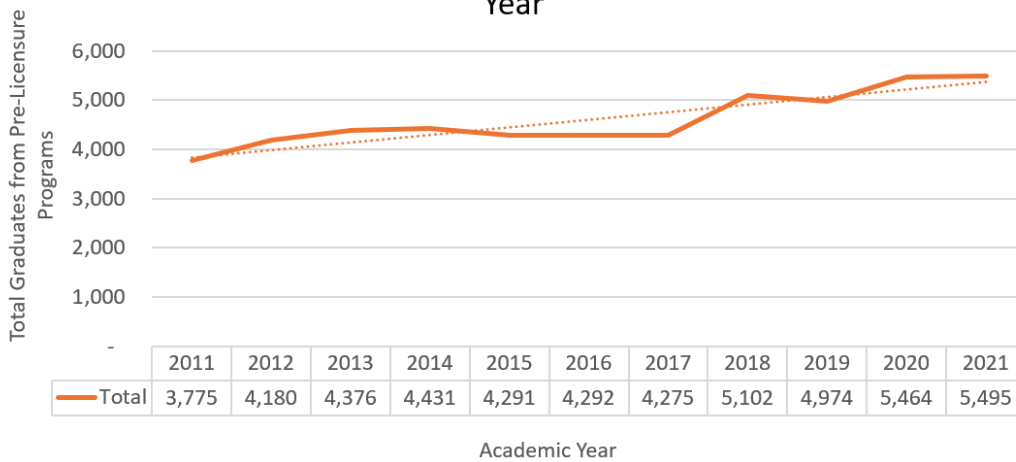


Chart 3

Total Graduates from Pre-Licensure Programs by Academic Year

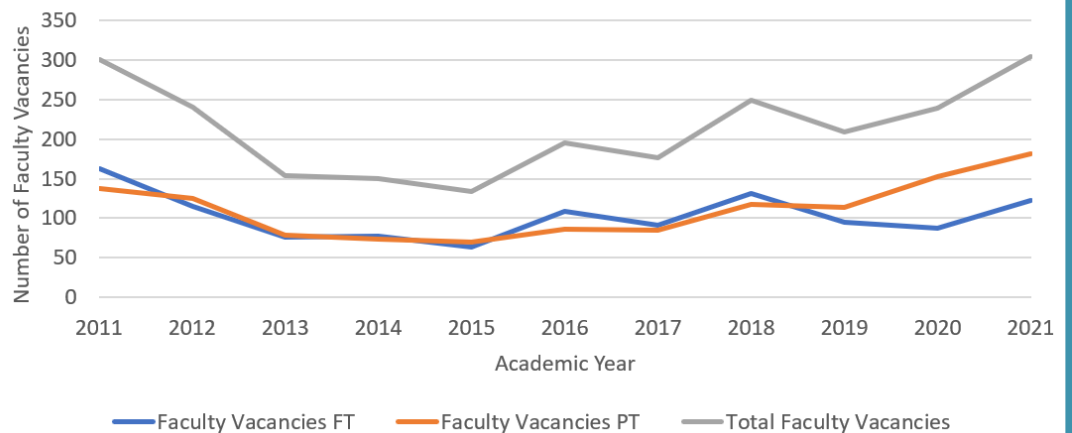
2011 - 2021

Chart 4

Faculty Vacancies by Academic Year

2011 – 2021

Faculty Vacancies by Academic Year



contributing factor to the inability to admit, matriculate, and graduate nurses (Berent & Alderko, 2011; Gazza, 2019). Faculty vacancy trends in NC over the last decade reveal a decrease in the number of vacancies from 2011 through 2015, with an overall increase in the number of vacancies from 2016 to 2021. Part-time vacancies outpaced full-time vacancies in more recent years. In comparison to student enrollment and graduation from pre-licensure programs, the decrease in the number of faculty vacancies may coincide with a slight increase in the number of student graduates from 2011 to 2014 showing an inverse relationship between these variables. As faculty vacancies began to increase in 2015, growth in student enrollment was less robust, and graduation rates plateaued. In 2017, part-time faculty vacancies began to increase steadily, however, full-time faculty vacancies increased slightly from 2017 to 2018 and then trended downward until 2021. Consistent with earlier years in this review, as full-time faculty vacancies trend downward, graduation rates increased, highlighting the importance of full-time faculty for the successful, sustained supply of new nurses contributing to the nursing workforce in NC.

Implications for Nursing Education

It is noted that faculty are not only important to the overall nursing workforce, but the quality of those programs is inextricably rooted in having sufficient, qualified faculty. According to a 2020 NCSBN mixed methods study of nursing education program performance, the presence of full-time faculty positively influences nursing program quality. Specifically, programs whose full-time faculty account for at least 35% of all employed nursing faculty are more likely to reach 80% pass rate on the NCLEX-RN and maintain Board approval (Spector et al., 2020). This same study also found that faculty with at least some fundamental training in pedagogy also contributed to higher quality programs (Spector et al., 2020). Recall, that NC requirements for faculty qualifications support full-time faculty and require formal education in adult teaching and learning principles. Therefore, we must support nurse educators in their continued development in the

art of educating NC's nurses of tomorrow while giving thought to enhancing their future availability.

Consistent and viable strategies to recruit and retain qualified nursing faculty continue to be at the center of ongoing efforts to support pre-licensure nursing education. However, ideas must address the contributing factors underlying the faculty deficit to be effective. The National Advisory Council on Nurse Education and Practice's 17th report (2020) highlighted some of the contributing factors to the faculty shortage including noting that faculty salaries were not competitive with the salaries of nurses in traditional practice settings, dissatisfaction with workloads and tenure track demands leading to burnout, poor understanding of the impact the role has on the development of competent nurses and the nursing workforce, and a lack of diversity among the nurse faculty workforce. To remedy some of these challenges, the NC legislature charged the UNC Board of Governors and State Board of Community Colleges to study and provide recommendations to the Joint Legislative Education Oversight Committee and Joint Legislative Oversight Committee on Health and Human Services on methods and a timeline for increasing the number of nursing graduates at constituent institutions by at least 50% (HB 103 Section 8.3). This charge provides NC with an opportunity to outline long-standing challenges regarding recruitment and retention of nursing faculty and to think strategically about a comprehensive plan to address the needs of nursing education programs and support sustainable growth in nursing graduates for the state.

Conclusion

This article describes how the NCBON regulates pre-licensure nursing education programs and details the intimate relationship between nursing education and the nursing workforce, with particular emphasis on the role of nursing faculty as an influencer on the nursing workforce. It is important to address the multifaceted underlying causes that have contributed to the nursing workforce challenges of

today and tomorrow. The NCBON, as the regulatory authority for pre-licensure nursing education, is poised to work with all applicable stakeholders to draft feasible recommendations and regulations that align with the evidentiary record while working with academic and industry leaders to explore creative strategies that protect the health and welfare of all North Carolinians and enhance the nursing workforce to meet the needs of NC healthcare consumers.

Author



Jennifer Lewis, PhD, MSN/MBA, RN
Director, Education

Reflection Questions

What creative strategies can NC undertake to increase the number of nursing graduates without compromising program quality?

Reflect on your career as a nurse and how your nursing education has contributed to your career path.

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REPORTS

A Glance at Nursing Education Programs in NC

Between April 2020 to 2021, North Carolina’s (NC) population grew by 112,000. This makes NC the 9th largest growing state in the nation (Office of State Budget and Management, 2021). The rapid growth in the state and shortages of RN’s forecasted for NC, set the stage for sharing data on the location of pre-licensure nursing education programs by geographic area, program type, and public/private sector with stakeholders. The information shared is taken from the data collected in the education annual report. It is completed by all Board approved nursing education programs during October of each year. The data collected is then shared with the public via the [Nursing Education Trends Report](#). The map and charts below provide an overview of this data.



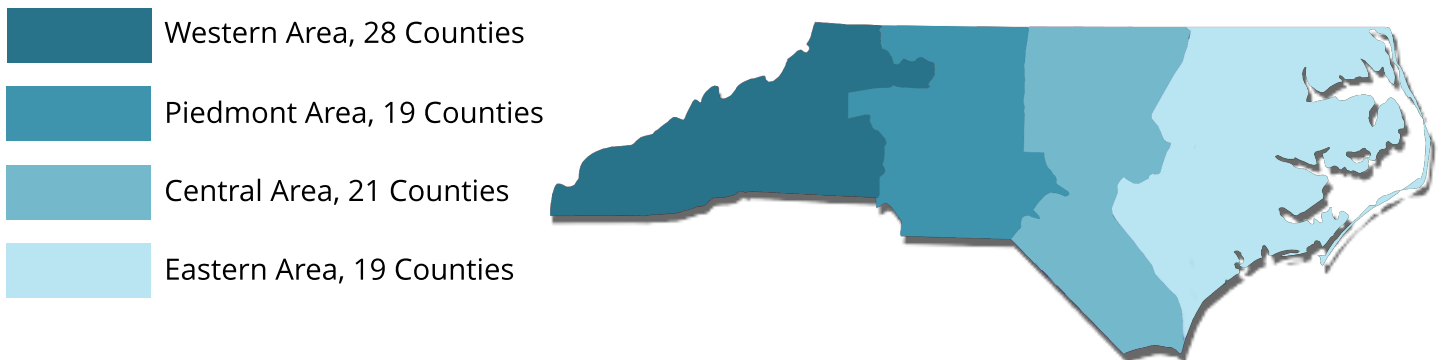
Terry Ward
PhD, MSN, RN, CNE
Education Consultant

	BSN	ADN/ASN	Diploma-LPN	Grand Total
Private/For-profit	5	3	3	11
Private/Not-for-profit	13	1	2	16
Public	12	55	38	105
Grand Total	31	59	43	132

Table A

Table A indicates, of the 132 primary nursing education programs in NC, 105, are in public institutions. The remaining 27 programs are in private institutions (11 for-profit and 16 not-for-profit).

The map below indicates the areas of NC by region.



	BSN	ADN/ASN	Diploma-LPN	Grand Total
Central	10	11	14	35
Eastern	4	15	12	31
Piedmont	10	19	8	37
Western	7	14	8	29
Grand Total	31	59	43	132

Table B

Table B indicates there are 37 primary nursing education programs in the Piedmont area of NC, 35 in Central NC, 31 in Eastern NC, and 29 in Western Carolina.

Nursing program leaders are beginning to address the nursing shortage. This requires collection of, and analysis of information related to the needs and gaps in nursing education programs. Location data can inform decisions regarding the need for innovation, new program development, and enrollment expansion in nursing education programs.

Education Consultants and the Education Coordinator are the driving force behind the work of your Education Department. Please feel free to reach out to us should you need to!

NCBON Education Department

education@ncbon.com

References:

North Carolina Board of Nursing Trends in Nursing Education (2020-2021)

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SAVE THE DATE!

19th Annual NC BON Education Summit

April 21, 2023
Virtual Event



Tools 4 Schools

The NC BON welcomed Fall by donating school supplies to WakeEd Partnership Tools 4 Schools store!

NC teachers spend an average of \$526 out-of-pocket on school supplies for their students each year.

The Tools 4 Schools store provides FREE classroom supplies for WCPSS teachers!

Click below for more information on this organization or to register to "shop".

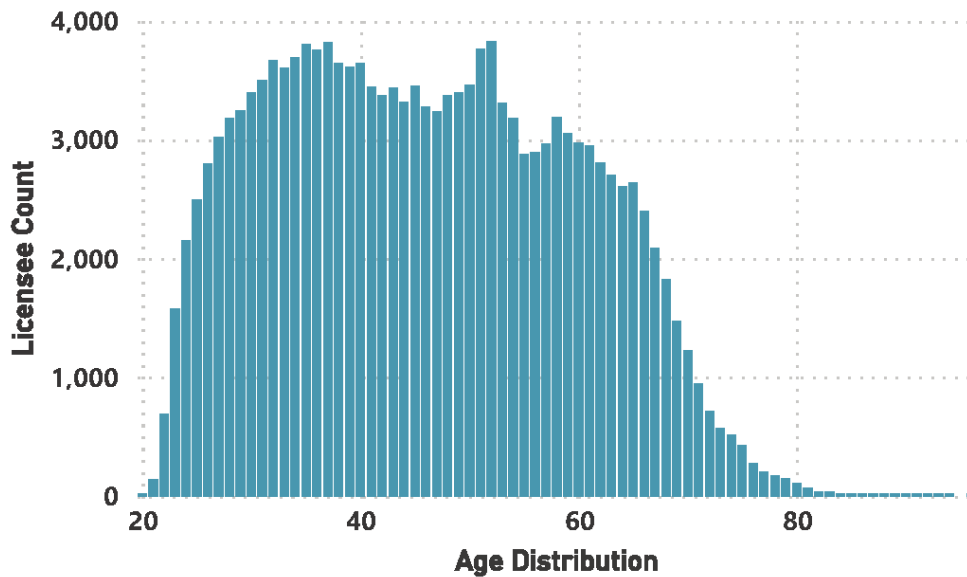
[Learn more about Tools 4 Schools!](#)

Fiscal Year in Review 2022

Registered Nurse (RN)

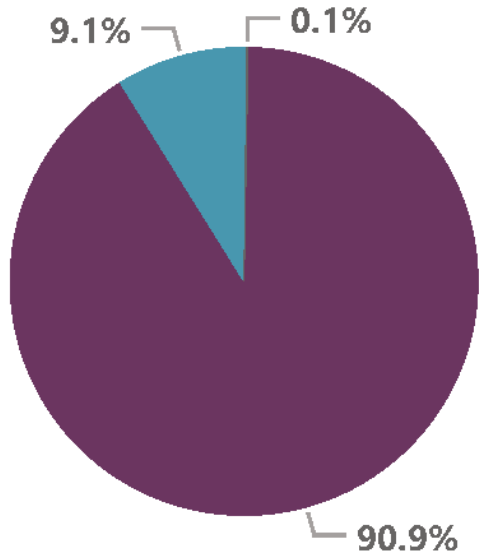
Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
152,341	Growth + 	Growth - 




Age Distribution 2021-2022



Average Age
46

Gender Breakdown 2021 - 2022



-  Female
-  Male
-  Not Identified

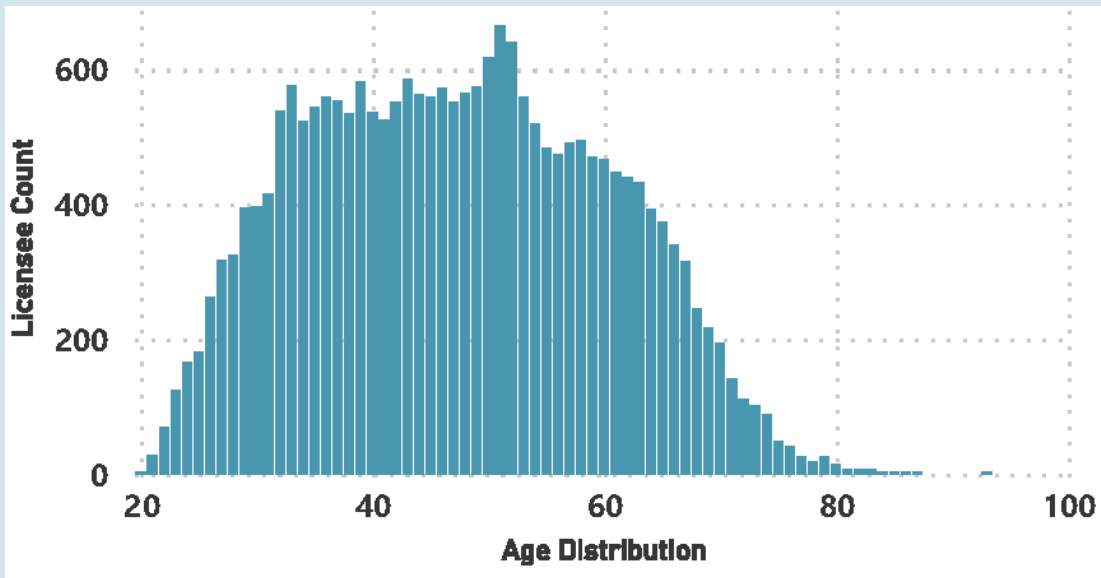
Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Fiscal Year in Review 2022

Licensed Practical Nurse (LPN)

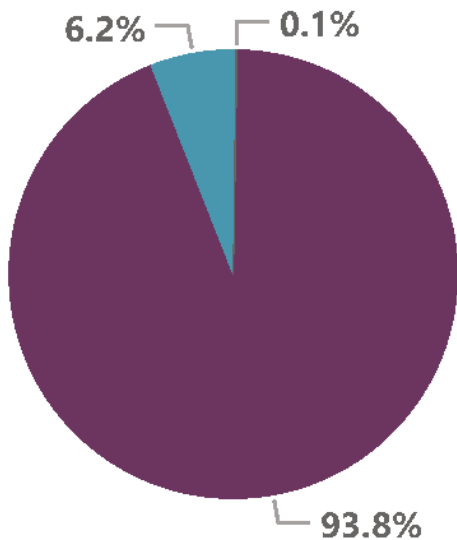
Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
22,629	Growth - 	Growth - 




Age Distribution 2021-2022



Average Age
47

Gender Breakdown 2021 - 2022



-  Female
-  Male
-  Not Identified

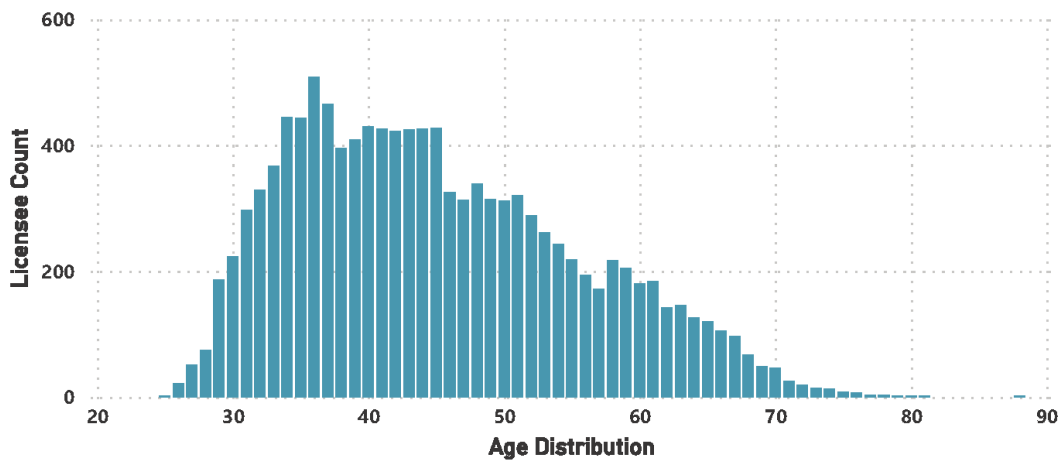
Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Fiscal Year in Review 2022

Nurse Practitioner (NP)

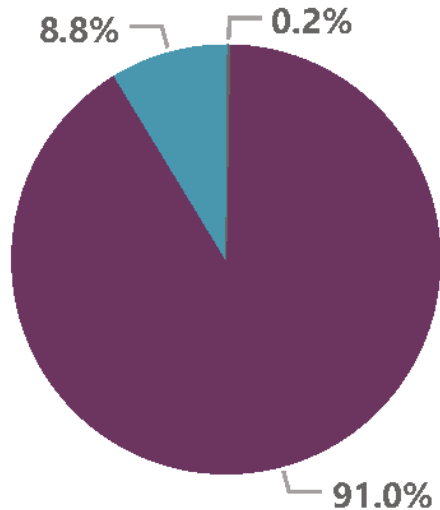
Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
11,870	Growth + 	Growth + 




Age Distribution 2021-2022



Average Age
45

Gender Breakdown 2021 - 2022



-  Female
-  Male
-  Not Identified

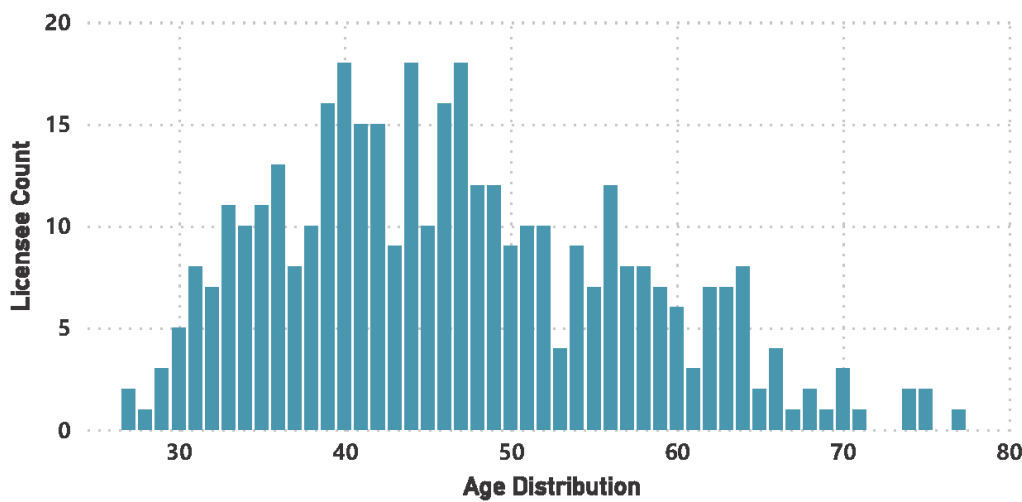
Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Fiscal Year in Review 2022

Certified Registered Nurse Anesthetist (CRNA)

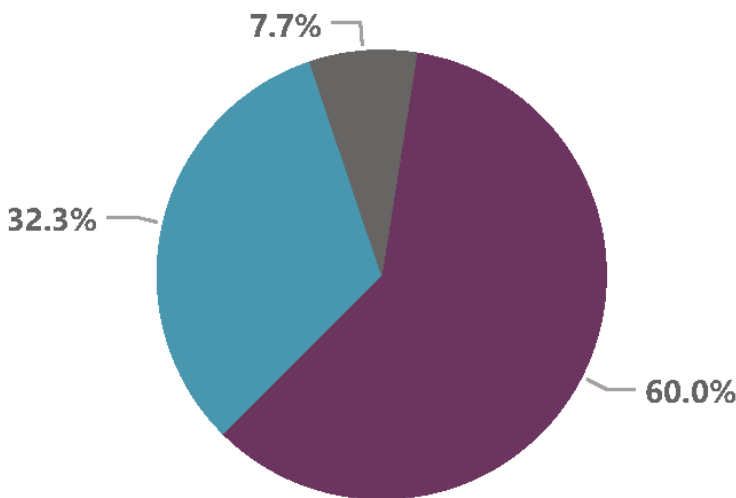
Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
3,673	Growth + 	Growth - 




Age Distribution 2021-2022



Average Age
48

Gender Breakdown 2021 - 2022



-  Female
-  Male
-  Not Identified

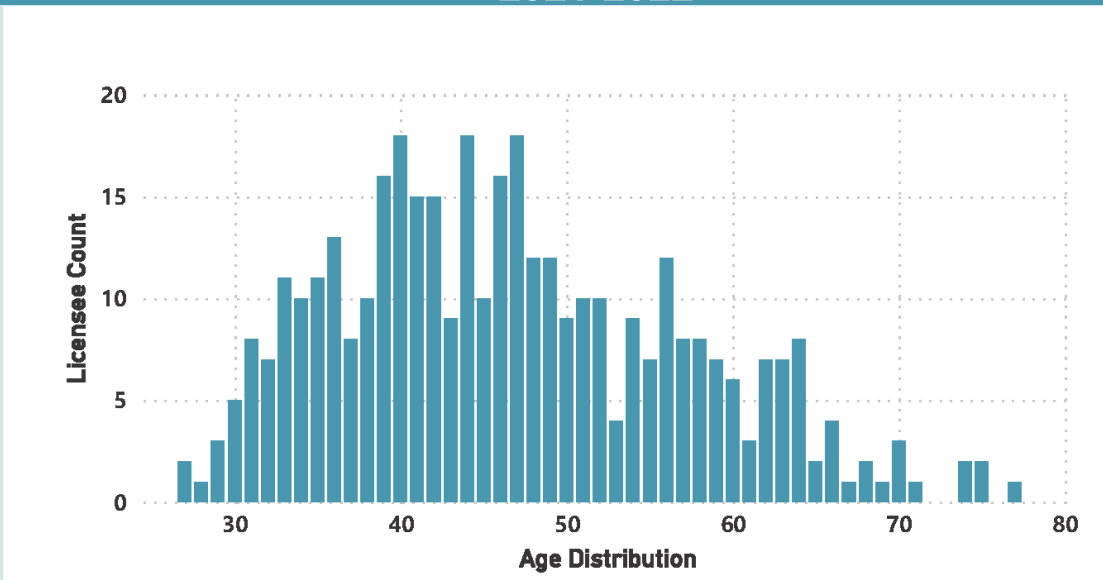
Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Fiscal Year in Review 2022

Certified Nurse-Midwife (CNM)

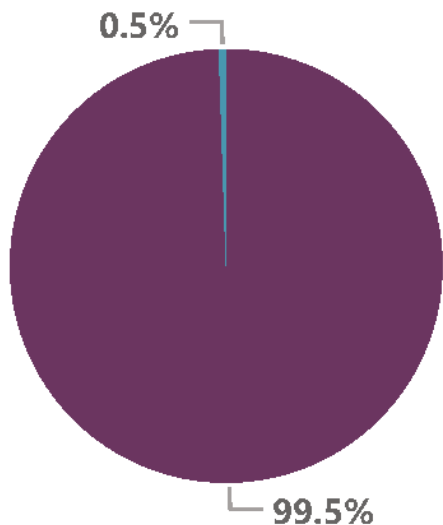
Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
383	Growth + 	Growth - 



Age Distribution 2021-2022



Average Age
47

Gender Breakdown 2021 - 2022



-  Female
-  Male

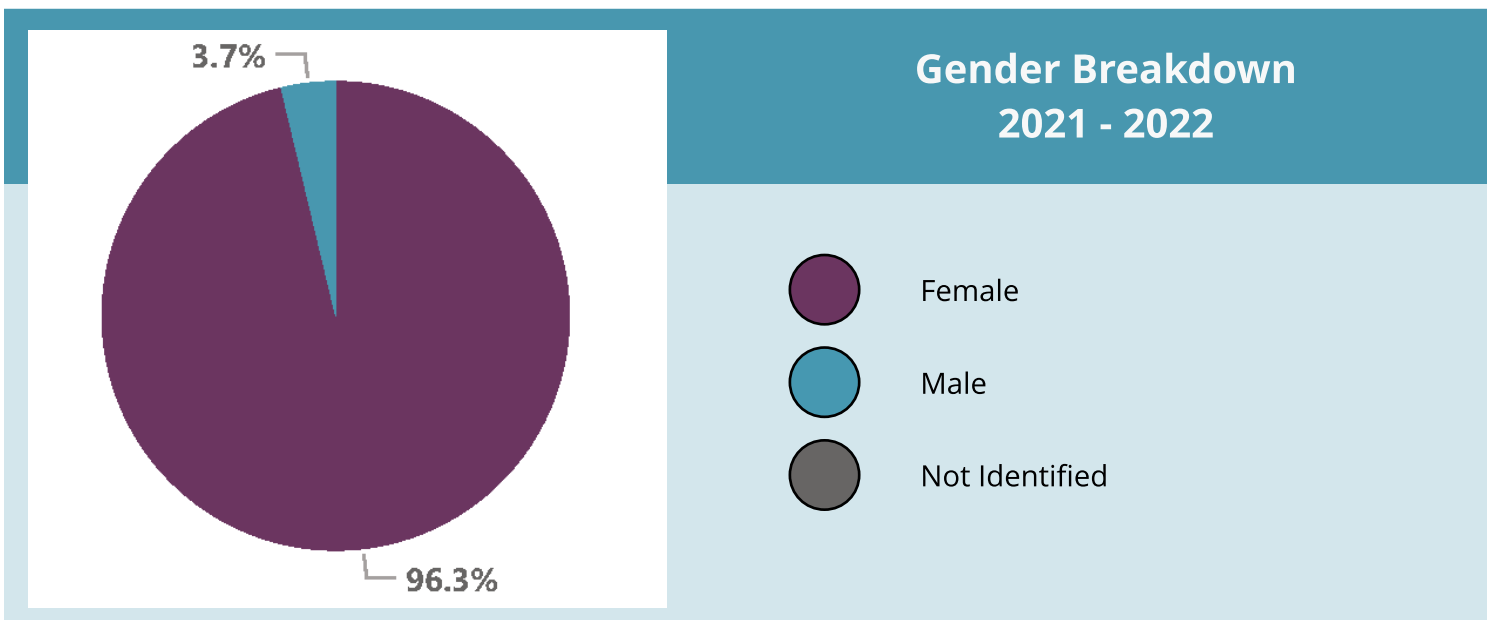
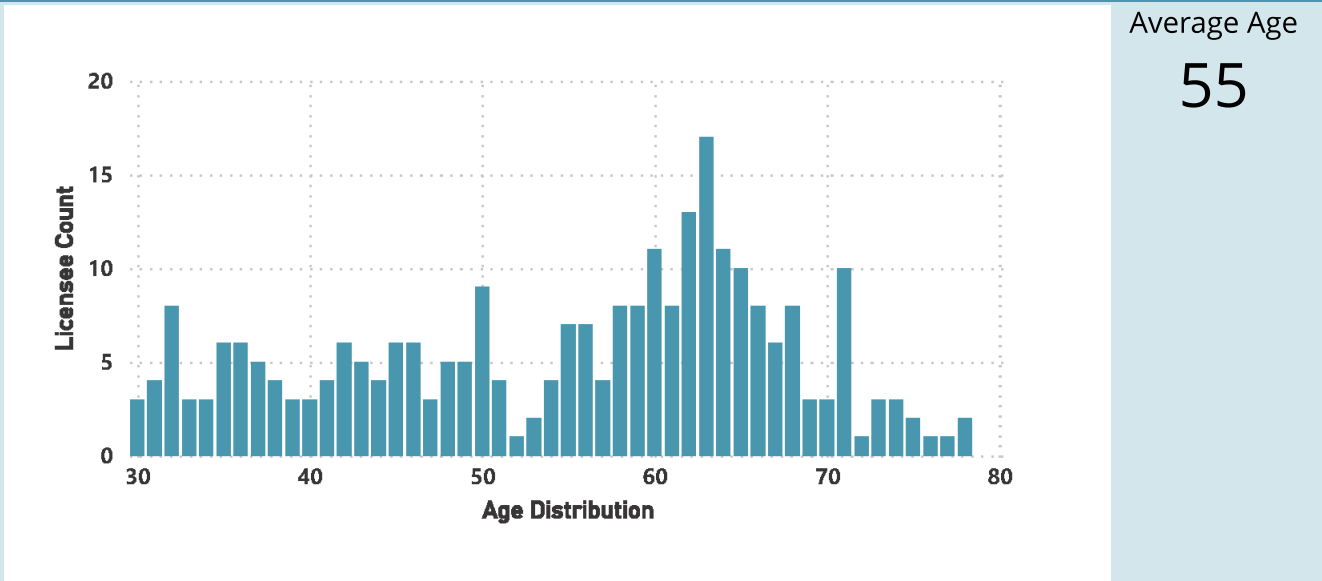
Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Fiscal Year in Review 2022

Clinical Nurse Specialist (CNS)

Total Active 2021 - 2022	Total Active Trend 2017 - 2022	Total Active Change 2021 - 2022
267	Growth + 	Growth - 

Age Distribution 2021-2022



Note: Active licensee data presented according to fiscal year (July 1 - June 30)

Total NCBON COVID-19 Emergency Waivers Granted: 2020 – 2022

COVID-19 State of Emergency declared March 10, 2020 and rescinded August 15, 2022

Waiver Type	Waiver Count
Emergency Graduate RN Permit	11,327
Emergency Graduate LPN Permit	1,676
Emergency RN Reinstatement Permit	1,583
Emergency LPN Reinstatement Permit	490
Emergency Graduate NP Permit	12
Emergency Graduate CRNA Permit	10
Emergency NP Approval to Practice	5
Emergency CNM Approval to Practice	2
Emergency Graduate CNS Permit	1
Total	15,106

CONSUMER ALERT



**Be skeptical of professional
licensing scams**



Attorney General
Josh Stein

If you have any questions about the authenticity of a call regarding an investigation, contact the NCBON directly.

(919) 782-3211

North Carolina Sexual Assault Nurse Examiner Training Updates

The North Carolina Chapter of the International Association of Forensic Nurses 2021-2022 Education Committee Members:

Elizabeth Arpe Goodman

DNP, MSN, BSN, FNP-C, RN, AFN-BC, CEN, SANE-A, SANE-P
2022 IAFN-NC President

Jenny Ora Anand

RN, MPH, CEN, SANE-A, SANE-P
2022 IAFN-NC President Elect

Heather Waleski

MSN, APRN, FNP-C, SANE-A
2021-2022 IAFN-NC Education Committee Chair

Laurie Mayenschein

BSN, RN, SANE-A
2022 IAFN-NC Treasurer

Alyssa Romine

RN, CEN, SANE
IAFN-NC 2022 Education Committee Member

Forensic nursing is a nursing subspecialty that utilizes a multidisciplinary and integrated practice model to provide high-quality, trauma informed medical care to survivors of physical and sexual abuse. (Lynch, 2006; Poldon et al., 2021; Valentine, 2014). Sexual assault nurse examiners (SANEs) fall within the forensic nursing subspecialty role, requiring additional specialized training, knowledge, and expertise to provide direct care to survivors of sexual violence. The national minimum requirements to fully function as a SANE has been established by the International Association of Forensic Nurses (IAFN) through their SANE Education Guidelines (IAFN, 2018). In addition to these national standards, individual states are charged with the development of SANE education requirements based on their state-specific laws that govern nursing, investigation processes, and legal practices. North Carolina (NC) laws and rules specify SANE training and educational programs must meet the requirements established in:

- NC G.S. 90-171.38
- NC G.S. 90-171.44(3)
- NC G.S. 58-50-25
- 21 NCAC 36. 0223 Continuing Education Programs (Administrative Code)

Furthermore, through the NC General Statutes, the NC Board of Nursing (NCBON) is granted authority to establish and revise standards for SANE education and training. As a result, the NCBON provides educational and training requirements for NC registered nurses wishing to practice as a SANE in NC.

Over the past two decades, membership within the NC chapter of the IAFN-NC have identified a variety of challenges surrounding access to forensic nursing care amongst the diverse communities across NC, as well as an increasing need for SANEs across the state. Additionally, IAFN-NC membership recognizes the costly, time-consuming, and extensive nature of SANE training as indirect barriers to access to care, and acknowledges the vital roles that statewide and organizational support play in SANE program sustainability. Historically, over decades of independent and collaborative efforts with a variety of statewide stakeholders, IAFN-NC membership has supported SANE training completion while simultaneously meeting the rigorous standards of practice through the modification and streamlining of NC SANE training expectations, and by establishing and sustaining countless educational opportunities for SANEs across the state, within the membership's respective communities, and targeting underserved communities. Recognizing that each community is comprised of its own unique resources, the IAFN-NC SANE Education Committee hopes to close the current gap between training and practice by clarifying and endorsing the current training expectations for SANEs in NC as the foundation for SANE practice in our state.

In a joint effort to support the completion of standardized training recommendations for SANEs statewide, IAFN-NC representatives and the NCBON have engaged in thoughtful, collaborative,

and thorough discussions regarding the establishment of standards for SANE education and training. Both, the IAFN-NC and NCBON are in agreement and support the development of SANE education and training standards which remain consistent across the state regardless of practice setting and that meet both the IAFN and NCBON education requirements and standards. As such, the IAFN-NC membership strongly recommends newly trained SANEs to integrate their new knowledge while simultaneously receiving oversight from an experienced practitioner of medical forensic care. The value of mentorship with an experienced forensic practitioner is well documented in the literature and is strongly recommended as an essential component of the education process for new SANEs entering practice, particularly those caring for the pediatric population (Adams et al., 2012; Witt et al., 2015). For this reason, the IAFN-NC membership supports the completion of three acute medical forensic sexual assault examinations during the clinical preceptorship that includes evidence collection using a NC sexual assault evidence collection kit (SAEK).

Due to the multiple barriers that delay or prevent completion of three live precepted medical forensic exams during the training period, IAFN-NC membership agrees that, if the SANE student cannot complete three exams during this preceptorship, one of the exams may be accomplished using simulation and the final two exams may be completed using trained live models in a mock exam scenario as an alternative option. Under the circumstances where the SANE student needs to complete the three acute required examinations via mock and simulation, these students must collaborate with and receive examination oversight from an experienced medical provider, preferably a nationally certified SANE-A or SANE-P, until they have met the minimum requirement of performing three acute medical forensic sexual assault examinations on live patients.

The IAFN-NC membership recognizes that there is a limited number of nationally certified SANEs in NC that may further challenge successful completion of the acute medical forensic

examinations during the SANE training process; therefore, the IAFN-NC membership also supports required acute exam oversight by a medical provider trained and experienced in performing acute medical forensic examinations such as a physician, doctor of osteopathic medicine, or a qualified advanced practice provider as an alternative option. It should be noted that, although educational opportunities have been transformed with an increase in virtual and scenario-based hybrid training, these aforementioned alternative options should only be considered when SANE training circumstances are less than ideal and it is not possible to complete the training otherwise.

It is the hope of the IAFN-NC membership and the goal of this Education Committee that the clarification of the established training expectations for NC SANEs will directly support the successful use of evidence-based standards in practice. Ultimately, maintaining this minimal standard for SANE training will not only benefit our patient population, but will also better prepare the SANE for their adjunct role within the medical-legal and academic arenas.

SANE NC law, rules, and education/training requirements email practice@ncbon.com

Resources for forensic nursing email IAFN-NC board at nciafnboard@gmail.com

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2021 Annual Report for Nurse Aide II Courses Narrative Summary



Stacey Thompson
MSN, RN, NE-BC
Practice Consultant

The 2021 Annual Report for Nurse Aide II courses was distributed to North Carolina Board of Nursing (NCBON) approved courses. Courses had access to the survey from March 1, 2022 through March 31, 2022. Data was collected and preliminary analysis was conducted using Qualtrics Analytics. The purpose of this report is to provide a narrative summary of the findings.

Course Types

There were two categories of courses and five sub-types for a total of 134 courses reporting.

Community College Courses (N = 111)

Program Type	n	%
Curriculum Traditional NA II	25	19
Career and College Promise	20	15
Continuing Education Traditional	66	49
Total	111	83

Non-Community College Courses (N = 23)

Program Type	n	%
Proprietary School Traditional	19	14
Licensed Care Agency (e.g., hospital, long-term care, home care)	4	3
Total	23	17

Course Offerings

A course offering is defined as a unique opportunity of an approved classroom/curriculum which includes a specific location, date(s), and time for the course to be held. A total of 231 full-course offerings occurred in 2021. A total of 905 students completed the full NA II course. Curriculum programs ($n = 4$), Career & College Promise programs ($n = 2$), and a Continuing Education program ($n = 1$) requested closure due to multiple sites offering the course as well as anticipating not offering the program at the designated location in the next two years. NCBON closure letters have been provided to the respective Program Directors of the seven programs. All institutions requesting a closure have remaining approved programs at the site; therefore, the institution remains on the website as having an approved program. Of the 134 programs reporting, 127 (95%) of programs anticipate additional offerings of the NA II course in the next two years.

Program Type	Offerings (N = 231)	Enrollment (N = 954+)**	Completion (N = 905)	Graduates (N = 901)	Closures (N = 7)
Community College Curriculum	45	205	169	169	4
Community College Career & College Promise	30	78	75	75	2
Community College Continuing Education	113	671	504	504	1
Proprietary Traditional	36	Not collected	92	92	0
Licensed Care Agency	7	Not collected	65	61	0

** Total enrollment does not include Proprietary Traditional and Licensed Care Agencies. It is recommended this information be added to future surveys.

Admission Requirements

The five standard admission requirements are:

- High School Diploma or High School Equivalency Diploma
- Current NA I Listing
- Immunization Record
- Driver's License
- College Admission Requirement

Other requirements listed include:

- Criminal Background Check
- AHSBLS Certification
- Drug Screen
- Covid immunization or medical/religious exemption



Curriculum Changes

Of the programs reporting ($n = 134$), 88% ($n = 118$) reported no curriculum changes. Curriculum changes were reported in 12% ($n = 16$) programs related to NCBON NA II Education Waivers allowing Program Directors to determine program outcomes were met and specifically incorporated simulation due to the lack of clinical facilities. Other changes included updates according to NCBON Guidelines with 2019 program updates, adding option Finger Stick Module and exam revisions/updates.

Curriculum Compliance

There are 425 faculty who teach in NCBON approved NA II courses.

Attestation Questions

The following questions, verbatim from survey, indicate compliance with NCBON NA II Guidelines and Administrative Rules [21 NCAC 36 .0405]. Unless otherwise indicated, 100% of 134 courses reporting attest to full compliance. Classroom and clinical resources are adequate to effectively implement the NA II course.

- At least 80 hours of theory are provided.
- At least 80 hours of supervised clinical experience are provided.
- NCBON-required NA II Modules and Skill Competency Validation Checklists are used as the course curriculum.
- Each module is implemented as designed, including the number of hours required for that module.
- All course material and student information are stored securely with limited access.
- All formal complaints filed with the course have been reported to the Board within 30 days of receiving the complaint.
- Students are under the direct supervision of an NCBON-approved faculty member when providing any aspect of patient care.
- Each NA II faculty member has a current, unencumbered license to practice as a RN in North Carolina.
- Each NA II faculty member has at least two (2) years of direct patient care experience as a RN.
- Each faculty member has experience teaching adult learners.
- An NCBON-approved faculty member teaches all aspects of the course.
- All faculty who teach in the course at any time are approved by the NCBON to teach in the NA II course.
- The faculty-to-student ratio in the clinical area is no more than 1:10.
- There is a current contract or agreement between the NA II course/parent agency and EACH clinical agency used for NA II clinical experiences.
- All students in the NA II course have taken NA I testing on the first possible date but no more than 30 days after completing the NA I course.
- Students admitted to the NA II course who did not meet the NA I testing and listing requirements were dismissed from the NA II course immediately upon failing testing or failing to list as an NA I.
- Students admitted to the NA II course were at least 16 and a half years old at the time the course began.
- The agencies used for clinical experiences for CCP NA II students have formally agreed to accept students younger than 18 years of age.

**2021 Annual Report for Nurse Aide II Courses
Narrative Summary - continued**

- Students admitted to the NA II course completed the program no more than 60 days from the time they would be eligible to list on the NA II Registry.
- All students validated in the NCBON NA II Electronic Registry System have successfully completed all aspects of the NA II course and have shown evidence of a high school diploma or high school diploma equivalent, and current NA I listing without substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property as recorded on the DHSR Nurse Aide I Registry or the NC Health Care Personnel Registry.

Competency Assessment

Program Type	<i>n</i>	%
Proprietary School Competency Assessment	7	26
Community College Competency Assessment	20	74

Competency Assessments ($n = 46$) were offered in 2021. Total students ($n = 78$) completed the Competency Assessment at one of 27 sites.

Program Category	Offerings	Enrollment	Completion
Competency Assessment	46	105	78

Attestation Questions

The following questions, verbatim from survey, indicate compliance with NCBON NA II Guidelines and Administrative Rules [21 NCAC 36. 0404]. Unless otherwise indicated, 100% of 27 courses reporting attest to full compliance.

- The program is approved by NCBON to offer NA II competency assessment.
- Competency Assessment was available ONLY for those NA IIs who have an expired Nurse Aide II listing and who either:
 1. Worked at least eight (8) hours for compensation during the past 24 months performing nursing care activities under the supervision of a RN or
 2. Had a continuous period of 24 months during which nursing care activities were not performed for monetary compensation, but patient care activities were performed for compensation.
- All students validated in the NCBON NA II Electronic Registry System have successfully completed all aspects of the NA II course, and have shown evidence of a high school diploma equivalent, and current NA I listing without substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property as recorded on the DHSR Nurse Aide I Registry or the NC Health Care Personnel Registry shall not be eligible for renewal as a nurse aide II.
- All of the skills identified on the NA II Task List were assessed, successfully completed, and the NA II was determined competent in the required skills.
- If the NA II was unable to successfully complete the competency assessment, the individual was referred to an approved NCBON NA II course.
- I attest to the completeness and accuracy of all information provided in the NA II Competency Assessment Annual Report.

Recommendations for 2022 Annual Report

Information provided from seven programs related to admission requirements was not sufficient for compliance to 21 NCAC 36 .0405. Additional information was requested to determine compliance of required admission requirements. Four of these programs were Career & College Promise programs. It was recognized that the question for CCP programs is not congruent with rule requirements and revision is recommended. Enrollment data was not collected for Proprietary Traditional schools and Licensed Care Agencies. It is recommended that a question be added to collect this data moving forward to report complete numbers for all programs. In general, it is recommended that all questions be reviewed for clarity to ensure desired data is collected for compliance determination.

Upcoming Events

Board Meeting

January 26, 2023

Administrative Hearings

December 7, 2022

February 22, 2023

Hearing Committee

October 26, 2022

January 18, 2023

March 29, 2023

Education & Practice Committee

November 3, 2022

March 15, 2023

Education Program Director Orientation (EPDO)

* February 15, 2023

Orientation Session for Administrators of Nursing Services and Mid-Level Nurse Managers

April 18, 2023

* May 16, 2023

* *Virtual event*

*Please visit www.ncbon.com for updates
to our calendar and call-in information to attend public meetings.*

NCBON Social Media

Connecting the dots on Nursing Regulation



Click any of the icons to find our pages.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Board of Nursing Actions

Administrative Matters

- Approved proposed amendments to 21 NCAC 36 .0228 Clinical Nurse Specialist and proposed repeal of 21 NCAC 36 .0817 COVID-19 Drug Preservation Rule

Education Matters

Ratification of Determination of Program Approval Status

- Central Piedmont Community College, Charlotte-LPN
- Johnston Community College, Smithfield-LPN

Ratification of Full Approval Status

- Halifax Community College, Weldon-ADN
- Southwestern Community College, Sylva-ADN
- Wilson Community College, Wilson-LPN

Ratification of Approved Enrollment Expansion

- University of North Carolina, Wilmington-BSN increase enrollment by 30 for a total of program enrollment of 300 students beginning Fall 2022.
- Western Carolina University, Cullowhee-BSN increase enrollment by 90 for a total program enrollment of 300 students beginning Fall 2022.

Notification of Alternate Scheduling Option

- Alamance Community College, Graham-ADN
- Catawba Valley Community College, Hickory-ADN
- Craven Community College, New Bern-ADN/LPN
- Fayetteville Technical Community College, Fayetteville-ADN
- Forsyth Technical Community College, Winston-Salem-ADN
- McDowell Technical Community College, Marion-ADN
- Mars Hill University, Mars Hill-BSN
- Mayland Community College, Spruce Pine-ADN
- Surry Community College, Dobson-ADN

FYI Accreditation Decisions by ACEN for Initial or Continuing Approval & Next Visit Date

- Coastal Carolina Community College, Jacksonville-ADN/LPN-Initial Approval-Fall 2026

FYI Accreditation Decisions by CCNE for Initial or Continuing Approval & Next Visit Date

- Mars Hill University, Mars Hill-BSN-Continuing Approval-Fall 2031
- University of North Carolina, Chapel Hill-BSN-Continuing Approval-Fall 2032
- University of North Carolina, Greensboro-BSN-Continuing Approval-Fall 2032

FYI Accreditation Decision by CNEA for Initial or Continuing Approval & Next Visit Date

- Asheville-Buncombe Technical Community College, Asheville-ADN-Initial Approval-Fall 2027

Practice Matters

Ratification of Approval NA II Courses

- Beaufort Community College, Washington – Hybrid
- Beaufort Community College, Washington – College & Career Promise Hybrid
- Beaufort Community College, Washington – Continuing Education Hybrid
- College of Albemarle, Elizabeth City - Hybrid
- Southwestern Community College, Sylva – Continuing Education
- Sandhills Community College, Pinehurst – Continuing Education

Ratification of Approval of Sexual Assault Nurse Examiner (SANE) Continuing Education Program Activity

- Combined Pediatric/Adolescent/Adult Sexual Assault Nurse Examiner Training: Coastal Carolina Health Alliance – Didactic 76.2 hours (Traditional)
- Combined Pediatric/Adolescent/Adult Sexual Assault Nurse Examiner Training – Coastal Carolinas Health Alliance – Clinical 16 hours (Traditional)
- Combined Pediatric/Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Course – Fayetteville State University – Standard Traditional with some Hybrid Didactic components – Total Program Hours 100.2

Minor editorial/formatting/technical revisions have been made to the following Position Statements

- Decision Tree for Delegation to UAP
- Scope of Practice Decision Tree for the RN and LPN
- Accepting an Assignment
- Competency Validation
- Cosmetic/Aesthetic Dermatological Procedures
- History and Physical Examination – The Role of the RN
- Nurse-In-Charge Assignment to LPN
- Over-The-Counter Medications and Non-Prescriptive Devices
- Palliative Sedation for End-Of-Life Care
- Physician Orders – Communications and Implementation
- Practicing at Level Other Than Highest Licensure/Approval/Recognition
- Procedural Sedation/Analgesia
- Psychotherapy – An Advanced Practice Nursing Intervention
- Rapid Sequence Intubation (RSI)
- RN and LPN Scope of Practice: Components of Nursing Comparison Chart
- Staff Development
- Standing Orders
- Title “Nurse” Is Protected
- Transport of Client
- Unlicensed New Graduate Nurse – Role

New Position Statement Approval

- Administration of Intravenous Fluids (IV Hydration), Nutrient Therapies, and Medications for Hydration, Health, and Wellness

NCLEX Quarterly Pass Rates can be found on www.NCBON.com

Message for APRN Prescribers!

If you prescribe any Schedule 2 or 3 controlled substances (“Targeted Controlled Substance”), the North Carolina Board of Nursing wants to ensure you are compliant with a recently implemented requirement of the North Carolina Strengthen Opioid Misuse Prevention (STOP) Act. The North Carolina Department of Health and Human Services (NCDHHS) will report noncompliance to licensing boards. The following is required by prescribers:

1. Register with the NC Controlled Substance Reporting System (pmpaware) as a user <https://northcarolina.pmpaware.net/login>.
2. Prior to prescribing a new targeted controlled substance for a patient, the prescriber must lookup the patient for their prescription history.
3. A change in medication or dose is considered a new controlled substance and a review in the system should be initiated again.
4. APRN prescribers must consult with supervising physician and document the specific consultation prior to prescribing a targeted controlled substance when both of the following apply:
 - a. The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications or advertises in any medium for any type of pain management services.
 - b. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

For more information on the Controlled Substance Reporting System and prescribing, visit www.NCBON.com.

For more information on the North Carolina Controlled Substances Act, visit www.NCDHHS.com

APRN



Melanie Mabrey
DNP, ACNP-BC, BC-ADM,
FAANP
APRN Consultant

What is Scope of Practice?

The [American Nurses Association](#) (2022) defines it as: “Scope of practice describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake – in keeping with the terms of their professional license.”

The questions I get on a regular basis are how to apply this in clinical practice. For example, calls I received include:

- Can an Family Nurse Practitioner (FNP) work in maternal fetal medicine?
- Can a Women’s Health Nurse Practitioner (WHNP) treat men?
- Can a Certified Registered Nurse Anesthetist (CRNA) open their own Botox clinic?
- Can a Certified Nurse Midwife (CNM) work in a weight loss clinic?
- Is it within my scope to place Intrauterine Devices, central lines, intubate, intraarticular joint injections, or Registered Nurse First Assist?
- I am an Adult Gerontology Nurse Practice (AGNP). My supervising physician wants me to see children. May I see children with supervision?

North Carolina defines scope of practice for each of the four (4) Advanced Practice Registered Nurse (APRN) roles in regulations:

- **NP:** [\[21 NCAC 36 .0802\]](#) defined by the NP’s academic educational preparation and national certification and maintained competence.
- **CNM:** [\[NC GS 90-178.2\]](#) the act of providing prenatal, intrapartum, postpartum, newborn, and interconceptional care.
- **CRNA:** [\[21 NCAC 36 .0226\]](#) activities and responsibilities include: pre-anesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; post-anesthesia care; inserting central vascular access catheters and epidural catheters; identifying, responding to, and managing emergency situations; providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and initiating and managing pain relief therapy according to established policies and protocols within the practice setting.
- **CNS:** [\[21 NCAC 36. 0228\]](#) incorporate understanding and application of nursing principles at an advanced practice registered nurse level in the area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency is maintained.

A recurring theme in all of these definitions is **academic educational preparation, national certification, and maintained competency**. To answer the questions:

Yes. Based on educational preparation and national certification – low risk OB is within the FNP

APRN

What is Scope of Practice? (continued)

scope of practice. It is included in the FNP graduate program and on national certification exams. The FNP would need to include low risk obstetrics in their collaborative practice agreement and maintain competency to practice in this patient population.

Yes – Sometimes. The *Women’s Healthcare Nurse Practitioner Guidelines to Practice and Education* specifically cover male sexual and reproductive healthcare competencies. However, it would be outside of scope to provide primary care for men.

Yes, but...The CRNA may establish a PLLC or LLC for the purpose of providing nursing and related services. However, the CRNA does not have prescriptive authority in NC. The patient would need to be seen by a “health professional deemed competent to perform, and permitted to undertake – in keeping with the terms of their professional license.” ([ANA, 2022 definition](#)) In NC that would be a physician, PA, NP, or other lawfully qualified healthcare provider. The CRNA could administer the botulinum toxin within their RN scope of practice.

Yes, but...The CNM must practice under the supervision of a physician who is actively engaged in the practice of obstetrics in NC and have mutually agreed upon written clinical practice guidelines that define the individual and shared responsibilities of the midwife and the supervising physician or physicians in the delivery of health care services. The CNM is prepared like the WHNP (above) in male sexual and reproductive health. Treating men in the weight loss clinic could only be done if meeting all of the criteria above.

Procedures are not regulated by the NCBON. Procedures must be within the standard of care, something a reasonable and prudent nurse with the same education and background would do, included in the collaborative practice agreement or written clinical practice guidelines, and have documented competency including education and application with patients.

No. The supervising physician may not expand the scope of practice of the APRN.

Each APRN is educated in a role and population focus. The only way to change/expand the scope of practice is for the APRN to return to school and complete an accredited graduate nursing program and pass the national certification for that program.

References

American Nurses Association. 2022. Scope of Practice. [Nursing Scope of Practice | American Nurses Association \(nursingworld.org\)](#)
[aprn-scope-of-practice.pdf \(ncbon.com\)](#)

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008

National Association of Nurse Practitioners in Women’s Health. 2020. *Women’s Healthcare Nurse Practitioner Guidelines to Practice and Education*. Washington, DC.

[21 NCAC 32M .0101-.0117](#)

[21 NCAC Chapter 33](#)

[21 NCAC 36 .0226](#)

[21 NCAC 36. 0228](#)

Compliance



Jess Castro
Compliance Case Analyst

Consent Orders - What does participation look like for a nurse?

So, you've entered into a Consent Order- What does participation look like for a nurse?

Have you wondered what happens when a nurse enters into a Consent Order agreeing to satisfy specific terms and conditions while being monitored by the NC Board of Nursing?

A nurse may be offered a Consent Order for participation in a monitoring program at the conclusion of an investigation. These programs vary in requirements but can be divided into two groups: a Non-Disciplinary Consent Order (NDCO), which is not published on the Board's website and not considered discipline against the license, or a Published Consent Order (PCO), which is published on the Board's website and reported to NURSYS and discipline against the license. The following are examples of both types of Consent Orders:

- **Non-Disciplinary Consent Order**
 - Intervention Program (IP)
 - Alternative Program for Nurses in Recovery (AP)
 - Successful completion of remedial courses
- **Published Consent Order**
 - Probationary License (PL)
 - Discipline Program for Nurses in Recovery (DP)
 - Reprimand followed by successful completion of remedial courses

Upon execution of the Consent Order, the nurse is assigned to a Compliance Case Analyst (CCA) at the Board who is responsible for monitoring compliance with the order. For participants with probationary conditions, the CCA schedules a virtual orientation with the nurse to review the probationary packet, which includes a copy of the executed order, Participant Handbook, applicable forms, and a Progressive Action Policy (PAP).

The virtual orientation lasts approximately 30 to 60 minutes and is an opportunity for the CCA and nurse to review and discuss specific Order terms, practice conditions (if applicable) and documents to support success.

Order terms and conditions may include but are not limited to:

- Complete required courses.
- Payment of applicable fees.
- Complete Substance Use Disorder (SUD) treatment.

Compliance

Consent Orders - What does participation look like for a nurse? *(continued)*

- Attend a minimum of 3 Board-approved, structured mutual support group meetings per week.
- Random drug screening.
- Requirement to stop nursing practice for a period of time until approved to re-enter nursing practice at an approved position.
- Employer evaluations completed by the approved clinical supervisor.
- Employment conditions not limited to shift and overtime limitation, narcotic access restriction, work area restriction, and on-site supervision at all times working.

In the event a condition violation occurs, the PAP is a policy that uses progressive and cumulative action for violations resulting in non-compliance by a nurse being monitored pursuant to an Order issued by the Board. Actions include warning letters, based on the severity of the violation, up to and including termination of participation and suspension of the license. Any violation remains "active" for 12 rolling months. The duration of an Order varies from a short deadline to complete a course successfully, or between 12 months and 5 years to satisfy probationary conditions. A nurse with probationary conditions is eligible to complete the Order following compliance with random drug screening for a specified period of time or submission of satisfactory quarterly employer evaluations evidencing the required period of satisfactory monitored nursing practice. At the conclusion of participation, the participant's license is changed to an unencumbered status that can be verified in the Board's online verification system and correspondence is issued verifying completion.

The mission of the Board's Drug Monitoring Programs is to protect the public by providing a structured approach to monitoring nurses experiencing a substance use disorder and to return nurses in recovery to safe nursing practice.

**Alternative
Program
for Nurses
in Recovery**

**Discipline
Program
for Nurses
in Recovery**

Investigations



Ruth Ann Go
MSN, M.Ed., RN, LNC
Manager, Investigations

Is sleeping on duty a violation of the Nursing Practice Act (NPA)?

Yes. When accepting a nursing assignment, the nurse is taking professional responsibility and accountability for patient safety and care. Nodding off, falling asleep while on duty, and behaviors suggestive of sleeping are all concerning and could be violations of the NPA. Lack of sufficient sleep can also contribute to errors.

Some considerations to prevent nodding off or falling asleep on duty:

- Get a reasonable amount of sleep before coming to work.
- Evaluate multiple work commitments.
- Avoid excessive hours worked, including on call and excessive consecutive shifts.
- Look at patterns of shift rotations.
- Examine personal responsibilities impacting sleep.
- Establish a bedtime schedule and routine.

The North Carolina Board of Nursing (NCBON) offers one contact hour for the article “Fitness for Duty Includes Getting Your ZZZs”. The article addresses influences on fitness for duty and the nurse’s ability to practice safely.

[Fitness for Duty includes Getting Your ZZZs
North Carolina Board of Nursing \(ncbon.com\)](#)

The NCBON has two Position Statements to reference which provide guidance to nurses:

[Staffing and Pt Safety \(ncbon.com\)](#)
[Joint Statement | Nursing Work Environments \(ncbon.com\)](#)

The nurse has the responsibility to either not accept or continue a patient assignment when impaired due to sleep deprivation. This is critical for the nurse to provide safe, quality nursing care. A complaint filed with the NCBON by an employer, patient/family, or other entity may result in an investigation and discipline on the nurse’s license to practice. Nurses are accountable for addressing factors which may adversely impact personal fitness for duty and increase the risk of errors.

Legal



Meredith Parris
JD
Senior Staff Attorney

Why should you respond to the Board?

Seeing an unexpected email in your inbox or letter in the mail from the North Carolina Board of Nursing (NCBON) might make licensees feel uneasy and uncertain as to what they should do. But, as with most things in life, it's better to deal with an issue head on as opposed to sticking your head in the sand. Ignoring communication from the Board doesn't mean the issue will go away.

The easiest answer to why you should respond to your licensing board is because it's required by law. Under the North Carolina (NC) Nursing Practice Act (NPA) in G.S. 90-171.37(6d), the NCBON may take disciplinary action against a license when the licensee, "fails to respond to the Board's inquiries in a reasonable manner or time regarding any matter affecting the license to practice nursing." The NCBON reaches out to the licensee repeatedly throughout an investigation. The licensee is notified of the complaint and whom to contact at the outset of an investigation. The NCBON will continue to engage licensees in the investigative process by reaching out via telephone, regular mail, and email. Depending upon the nature of the investigation, a licensee may be asked to meet in-person to discuss the allegations raised by the complaint. To avoid being cited for this violation of the NPA, contact the investigator at the NCBON when they reach out.

While the law requires the licensee to respond to the NCBON, it's also important for the licensee to respond so that they are able to participate in the investigative and regulatory process. As part of the investigation, the NCBON gathers all possible facts concerning an event. Witnesses, documents, and even video surveillance will be sought by the investigator if available. Responding during the investigation allows the licensee to relay their side of the story and offer any mitigating circumstances surrounding the event that may not be known to the investigator. Licensees, at an in-person interview, will have an opportunity to review the evidence collected regarding the alleged violation. This also gives the licensee the chance to inquire about the NCBON's drug monitoring programs or ask questions regarding the investigation. Should the licensee hire an attorney at any point during the investigative process, the NCBON will cease direct communication with the licensee and speak directly to the attorney to arrange a time for an interview. However, when the licensee fails to respond during an investigation, none of this can occur.

Equally important to responding to the NCBON during an investigation is for the licensee to respond when an offer of resolution is sent to the licensee's attention. The Legal Department at the NCBON generates these offers of resolution and sends them to the licensee's address of record and email address on file with the NCBON. A licensee's response to an offer of resolution impacts the course of the case. A licensee may request a Settlement Conference with Board Members or wish to contest the facts of the case during an Administrative Hearing. If a licensee fails to respond to the offer, the NCBON will not only proceed with any violation found by the investigation, and the licensee will also be cited for failure to respond under NC G.S. 90-171.37(6d).

So, in order to avoid a headache, and potential additional disciplinary action for violating this section of the NPA, respond to the NCBON when you receive any communication. A simple response can make a big difference.

Licensure

How do I become licensed in North Carolina?



Tony Graham
MS, CPM
Chief Operations Officer

The mission of the North Carolina Board of Nursing (NCBON) is to “protect the public by regulating the practice of nursing.” As a component of this mission, the NCBON is empowered by § 90-171.23 (6) to “examine, license, and renew the licenses of duly qualified applicants for licensure”.

There are three ways to apply to be licensed to practice nursing in NC:

- **Apply by examination** if you have never been licensed in any jurisdiction;
- **Apply by endorsement** if you have never been licensed in NC but licensed in another jurisdiction and wish to become licensed in NC; or
- **Apply for reinstatement** if you were licensed in NC but your license is no longer active.

To be licensed in NC regardless of the application, applicants must complete a criminal background check, have a social security number and have taken the National Council Licensure Examination (NCLEX) if licensed in another jurisdiction.

Applicants wishing to become licensed in NC, should visit the NCBON’s website www.NCBON.com, click on **apply for license** and select the appropriate licensure type: licensure by examination, licensure by endorsement, or licensure by reinstatement. **Please be sure to read this information before you continue with the application.** Reading and following the instructions may save time and money as well as answering questions about the next steps in the process.

All applicants have 24-hour access to information through the Nurse Gateway. Through the Nurse Gateway, applicants can check the status of applications, update contact information such as address, email and phone number, submit a name change or request licensure status changes. Applications with a pending status denote the application is under review or waiting for additional information.

Please visit our website www.ncbon.com for more information.

Receive email alerts for changes in your license and expiration dates.



Sign up for Nursys e-Notify.

Practice



Joyce Winstead
MSN, RN, FRE
Director, Practice

What is the nurse’s scope of practice for administrating intravenous hydration fluids at a wellness hydration clinic?

The North Carolina Board of Nursing (NCBON) receives frequent questions about the scope for registered nurses (RN), licensed practical nurses (LPN), and advanced practice registered nurses (APRN) practicing in non-traditional settings which market services such as intravenous hydration (IV hydration), nutrient therapies, and medication administration for wellness and health promotion. These agencies are often referred to as “hydration clinics” and are typically marketed to provide interventions for symptoms of hangover, flu, exercise fatigue, depression, and other conditions. The nursing services may be provided in settings such as a clinic/business, client in-home, or mobile service to the client location.

RNs, LPNs, and APRNs are accountable for the provision of safe competent nursing care in all practice settings. The Nursing Practice Act General Statute 90-171.20 (7) and (8), and Administrative Code-Rules 21 NCAC 36 .0224 and 21 NCAC 36 .0225 define the scope of practice for the RN and LPN. It is within the scope of practice for the RN and LPN to administer fluids for IV hydration, nutrient therapies, and medications as authorized by a valid client order prescribed by a physician, nurse practitioner (NP), physician assistant (PA), or other licensed health care practitioner with prescriptive authority acting within their legal scope of practice.

If working in a setting in which clients may independently present for IV hydration, nutrient therapies, or medication administration; prior to the administration of any prescriptive or non-prescriptive medication or intervention, the nurse is responsible for ensuring there is an individualized prescription or order from an authorized practitioner with prescriptive authority. It is not within the RN or LPN scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone “free” of illness. The RN and LPN are required to practice in compliance with all federal laws and regulations, and all NC laws and regulations including but not limited to the [NCBON](#), the [NC Board of Pharmacy](#), and the [NC Division of Health Service Regulation Home Care Licensure](#).

The use of standing medical orders allow for the facilitation of timely interventions for various client populations. It is important to recognize that standing orders are not client driven but are signed instructions of a provider authorized by State law to prescribe the medical treatment and/or pharmaceutical regimen. Standing orders describe the parameters of specified situations and outlines the assessment and interventions under which the nurse may act to carry out specific orders for a client presenting with symptoms or needs that are addressed in the standing orders. The NCBON Position Statement, [Standing Orders](#), provides additional guidance.

The RN planning to establish an independent professional nursing business, professional corporation (PC), or professional limited liability company (PLLC) for the purpose of providing nursing and related services, must assure they are compliant with all laws and rules applicable to the practice setting, procedures, and client population. The NCBON website, [“Professional Corporations and Professional Limited Liability Companies,”](#) provides more detail. The NCBON Position Statement: [Administration of Intravenous Fluids \(IV Hydration\), Nutrient therapies, and Medications for Hydration, Health, and Wellness](#) provides additional guidance for the nurse.

**Contact the NCBON at practice@ncbon.com
if you have any questions or would like further clarification.**

CE Opportunities

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR *CONTINUING EDUCATION OFFERINGS*.

QUESTIONS? EMAIL PRACTICE@NCBON.COM

Online Bulletin Articles

- North Carolina Trends in Nursing Education and the Nursing Workforce (1.0 CH)
- The Role of Leadership in Prevention of Horizontal Violence (1.0 CH)
- Resilience: A Key to Safe Nursing Practice (1.5 CHs)

For more free CE articles, go to www.ncbon.com

Orientation Session for Administrators of Nursing Services and Mid-Level Nurse Managers

Learn about the functions of the Board of Nursing and how these functions impact the roles of the nurse administrators and the mid-level nurse managers in all types of nursing services. (4.5 CHs).

The 2023 sessions are listed below as follows:

April 18 - in-person May 16 - virtual September 7 - in-person October 11 - virtual

\$40.00 fee (non-refundable) (Note: You will be notified of any date or format changes.)

Register online at www.ncbon.com.

Registration at least two weeks in advance of a scheduled session is required. Seating is limited.

If you are unable to attend and do not have a substitute to go in your place, please provide this information via email to practice@ncbon.com so someone on the waiting list can attend.



Available Online

Legal Scope of Practice Online Course (1.5 CHs)

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet (1.0 CH)

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).

NCBON Practice Consultant Presentation

NCBON Practice Consultants are available upon request to provide continuing education presentations regarding nursing practice. To request a Practice Consultant, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 25 - 30 licensed nurses (APRN, RN, or LPN) are required for presentations.



Standard Presentation Offerings

Continuing Competence (1 CH) - 1 hour – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

Legal Scope of Practice (2 CHs) - 2 hours – Defines and contrasts each component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

Delegation: Responsibility of the Nurse (1 CH) - 1 hour – Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

Understanding the Scope of Practice and Role of the LPN (1 CH) - 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

Nursing Regulation in NC (1 CH) - 1 hour – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

Prevention of Documentation and Medication Errors (1 CH) - 1 hour - Provides information about nursing regulatory requirements for documentation and medication administration, and best practices and strategies to prevent documentation and medication errors.

Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) - 1.5 hours – Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested audience is nursing leadership: director, administrator, manager, supervisor, etc.

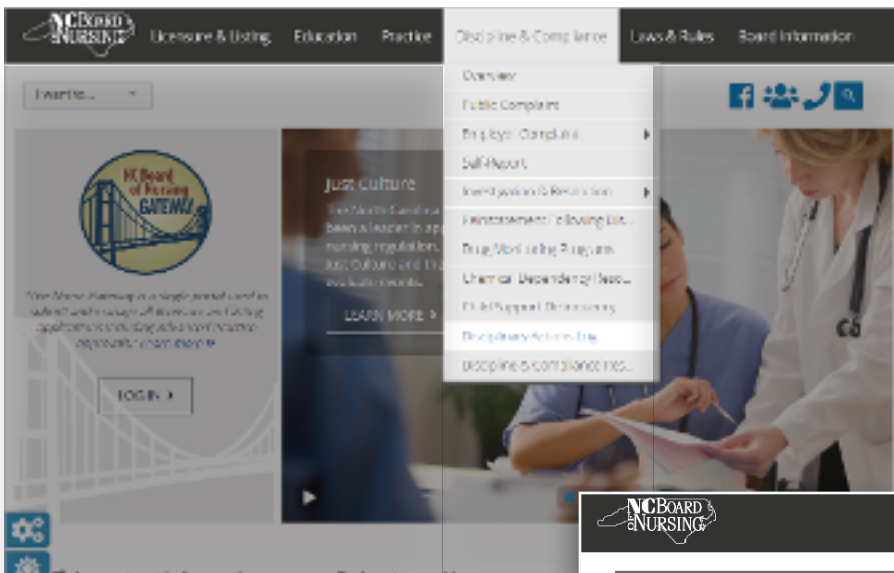
Introduction to the NCBON Complaint Evaluation Tool (1 CH) - 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Looking for Disciplinary Actions?

Accessing NCBON Disciplinary Actions

The mission of the NCBON is to protect the public by regulating the practice of nursing. When the NCBON takes disciplinary action, the information is readily accessible on the NCBON website. In addition, the NCBON reports disciplinary actions to [NURSYS®](#), [National Practitioner Data Bank \(NPDB\)](#), and Office of the Inspector General (OIG).

The NCBON's electronic database serves as the primary source for licensure verification for Registered Nurses, Licensed Practical Nurses, Advanced Practice Registered Nurses, and Nurse Aide IIs in NC. To conduct a license verification, click [here](#).



To review the continuously updated list of nurses who have received disciplinary action, go to www.ncbon.com, click on "Discipline and Compliance," and then "Discipline Actions Log" (click red box). The Discipline Action Log will automatically list the last 100 disciplinary actions.

If there is a specific nurse or time frame you would like to search, enter the information in the search section at the top of the webpage. The publicly available documents associated with a nurse who has had disciplinary action are uploaded to the website.

Disciplinary Action Search

Action Date From:

Action Date To:

First Name:

Last Name:

License Number:

License Type:

DISCLAIMER: The Discipline Action Log cannot display Actions against Advanced Practice Licensees prior to 7/2017. Please send an email to acarver@ncbon.com for more details.

Disciplinary Actions - Last 100

Name	License Number	License Type	City/State	Action Type	Action Date
		License			

The next issue of

The Bulletin

will be released in **Winter 2023**

What to expect...

We're changing our look!

For nearly 20 years, our logo has been an unchanged symbol synonymous with the state of nurses and public that we serve.

In 2023, we will be unveiling our new logo and branding to bring renewed life to our organization while striving toward our mission *to protect the public by regulating the practice of nursing.*



*"We delight in the beauty of the butterfly,
but rarely admit the changes it has gone through
to achieve that beauty."*

Maya Angelou