



# The Bulletin

The Official Publication of the North Carolina Board of Nursing.

NC BOARD  
OF NURSING  
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CE Article

Nursing Regulatory Agencies and Advocacy Organizations:  
What is the Difference? (1.0 CH)

Equity. Integrity. Agility.



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.

The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.

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# 2022-2025 Strategic Plan Initiatives and Objectives

The mission of the NCBON is to protect the public by regulating the practice of nursing.

Our vision is **exemplary nursing care for all**. In pursuit of our mission and vision, we focus on these core values:

**Equity**  
We are committed to fairness and justice.

**Integrity**  
We act in good faith in protecting the public.

**Agility**  
We are responsive to emerging healthcare trends.

## Strategic Initiatives

1

Enhance public protection through collaborative leadership

2

Advance best practices in nursing regulation

3

Cultivate an organization that supports diversity, equity, and inclusion

4

Foster mobility of licensed nurses and facilitate access to safe nursing care

Stay tuned for a Strategic Plan article in a future Edition of *The Bulletin*.

To learn more about the specific objectives for each initiative, go to the following link:  
<https://www.ncbon.com/board-information-governance-strategic-plan>





## message from the

CEO

Since my last update, there have been several amendments to North Carolina (NC) nursing regulations. For Nurse Practitioners, the continuing education requirements were amended and went into effect on June 1st. These changes align with the requirements for other healthcare providers in NC and nationally. A rule amending the Clinical Nurse Specialist went into effect on April 1st. Dr. Kimberly Luisana, APRN Consultant provides the specifics on page 26. One law that was enacted that impacts nursing is SB20. SB20 provides a pathway for full practice authority for Certified Nurse Midwives (CNM). Dr. Catherine Moore details enacted legislation and proposed legislation in her update on page 34.

During the May 2023 Board Meeting, the Board reviewed the public comments received during the public comment period related to the proposed education rules amendments and directed staff to cease the rulemaking process, gather additional information, engage in conversations, and educate on the proposed rules. We are offering three (3) Virtual Information Sessions: Proposed Amendments to Administrative Code Section .0300 Approval of Nursing Programs. The first webinar was held on June 26th at 1 pm. There were 35 registrations for this initial webinar. There are two remaining webinar offerings on July 11th at 2 pm and July 19th at 6 pm. The [registration link](#) is located on the NCBON website or on NCBON's various social media platforms.

The last update is on the upcoming Annual Election of NCBON Board Members. There are three open positions this year: Licensed Practical Nurse, BSN/Higher Nurse Educator, and Nurse Administrator. Elections are open from July 1st to August 15th. Take the time to read each candidate's bios and responses to the questions and cast your vote! NC is the only state that engages licensed nurses in the board member selection process.

I hope your nursing practice is enhanced through the content of this publication. If you have content suggestions or would like to submit an article topic for consideration, contact Sara Griffith at [publications@ncbon.com](mailto:publications@ncbon.com).

Have a safe summer and once again thank you for your commitment to patient safety.

Regards,



Crystal L. Tillman

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



message from the

## Board Chair



It is my sincerest pleasure to bring you warm greetings as Chair of the North Carolina Board of Nursing (NCBON). Serving as a nurse leader with the responsibility to uphold the Board's values of equity, integrity, and agility while simultaneously upholding its mission to "protect the public by regulating the practice of nursing," and its vision of "exemplary nursing care for all" is truly an honor. This opportunity and the related experiences are nothing other than extraordinarily rewarding!

I encourage all to stay abreast of adherence specifics and other updates by following NCBON on Facebook at ([www.facebook.com/NCNursingBoard](http://www.facebook.com/NCNursingBoard)) or by connecting via LinkedIn at ([www.linkedin.com/company/ncnursingboard](http://www.linkedin.com/company/ncnursingboard)). These resources house a wealth of information including new insights and opportunities to contribute to proposed changes to North Carolina-based nursing practice. Also forthcoming is the opportunity for ALL North Carolina nurses to have an active voice by voting for NCBON leadership! As a friendly reminder and possibly breaking news to some, North Carolina is the ONLY state that elects its nursing board members, in lieu of nurse members being appointed by government officials. Voting will start on July 1, 2023, and will end on August 15, 2023, at midnight. Make certain that your contact information is up to date as more information about this exciting opportunity will be shared via email and will also be posted on the Board's website ([www.ncbon.com](http://www.ncbon.com)). Remember "Your Vote Counts" so get ready to cast your vote via the Board's Nurse Gateway portal!

As always, I ask that you remain encouraged, take care of your mental and physical health, and continue forward with measurable progressions toward positive mainstays. I am counting on you to actively influence decisions that impact North Carolina nursing practice by voting in the forthcoming election. Finally, as we go forth with goals of safer practice environments and necessary resources to carry out our respective nursing duties, at the top of our practice scope, in ALL practice environments, I pray that you remain safe and may blessings be upon you!

Best,

A handwritten signature in black ink that reads "Racquel Ingram". The signature is written in a cursive style. Behind the signature is a faint, circular seal of the North Carolina Board of Nursing, featuring a map of North Carolina and the text "NORTH CAROLINA BOARD OF NURSING".

Racquel Ingram, PhD, RN  
NCBON Board Chair




# NCBON Board Business Meeting

**May 2023 | Raleigh, NC**

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation.



 **NCBON Board Meetings  
Channel on Youtube**

**Meeting Minutes**

*\*Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.*



# Licensed Practical Nurse (3)

\*YOUR VOTE COUNTS\*  
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## Sabrina Solomon

Being a nurse has always been a must for me due to the fact that I love to help people, and may one day very well be in need of help. To have a nurse somewhat like myself would be a great accomplishment. I attended Prism Career Institute where I received a license in practical nursing. Some days were better than others, but it was all worth it. Some of my experiences include management, as a charge nurse I am responsible for staff/assignments. Safety and well-being of all residents. Resident compliments or concerns, monitoring as well as managing resident care. Medication management, assisting doctor during rounds. As well as emergency response. I currently work at Edgecombe Health Care Center by Harborview in Tarboro, NC.

**I would like to serve on the North Carolina Board of Nursing because...** I love being a nurse, and would like to be a part of the growing field. To create an environment of effective nursing care to all the people served.

## Andrea Jeppson

I am a graduate of Coastal Carolina Community College with a Licensed Practical Nurse degree; I graduated in 1985. After graduation I worked in our local Urgent Care for a year as an LPN until I started working at my present job at ECU Health Duplin Hospital (formerly Duplin General Hospital). I have been employed since 1986 and have worked in the Intensive/Coronary Care Unit for the last 37 years.



**I would like to serve on the North Carolina Board of Nursing because...** I would like to serve on the North Carolina Board of Nursing because I feel that I can make a difference. I am passionate about being an LPN and I want to make sure we are recognized as a Nurse. I want to continue to learn the process of the board and share my knowledge with my peers and advocate for LPN's to be able to work to the fullest of their scope of practice.



## Dachia Thompson

Nursing has been a childhood dream. Nursing allows me to be active in educating others. Being a nurse and surviving nursing school is one of my most successful accomplishments! I obtained my B.S. in Healthcare Management from FSU and my LPN from FTCC. My experience includes geriatrics, school-age, travel nursing, LTC, AL & home health. I love different experiences and the challenges that come along with them. Nursing has forwarded me to grow in all aspects & developing a deeper love for bedside mannerism & communication. I currently work as a program specialist at The Secret Cocktail assisting business owners open schools.

**I would like to serve on the North Carolina Board of Nursing because...** I love being a nurse because of its abundance of opportunity to grow & its versatility. I also get to see the manifestation of what I do or what I say making a significant change in someone else's life.



# BSN/Higher Nurse Educator (7)



## Tara Hayes

Mrs. Hayes is a nurse educator with over six years of experience in higher education. Much of her time in higher education has been devoted to facilitating simulation and leading immersive experiences. Currently, she serves as the Simulation Coordinator for the Hunt School of Nursing at Gardner-Webb University in Boiling Springs, NC. Prior to entering education full-time, Mrs. Hayes worked as a nurse in pharmaceutical research at a community-based clinic. A three-time alumna of the university ultimately achieving her Master of Science in Nursing with a Concentration in Education, Mrs. Hayes is now proud to serve as a faculty of Gardner-Webb.

**I would like to serve on the North Carolina Board of Nursing because...** I would like to serve on the North Carolina Board of Nursing because I am eager to represent nurse educators at the state level as we approach times of sending new graduate nurses into an unprecedented workforce. I am excited to explore collaborative and interprofessional opportunities to ensure our new graduates are ready to meet the demands of the nursing role.

## Racquel Ingram



Dr. Racquel R. Ingram has been an RN for 26 years, with 24 years in education, and 19 years in leadership. She received her BSN from WSSU and an MSN and PhD from UNC-Greensboro. She is experienced in curriculum, program development, evaluation, research, and regulation. Dr. Ingram currently chairs the NCBON, serves as Founding Dean of Nursing at High Point University, and has developed and chaired three BSN programs: High Point University; Catawba College; South University. She is a Cockcroft Leadership Fellow and is affiliated with NLN, ANA, NCNA, and STTI. Her clinical background includes neurology, orthopedics, and surgical nursing.

**I would like to serve on the North Carolina Board of Nursing because...** Serving on the North Carolina Board of Nursing over the past three years has truly been an honor. I would love to serve another term in representation of my nursing colleagues. Nursing education is my area of expertise which of course impacts clinical practice. Service has always been a significant component of my professional and personal obligations, and it supports my ethical framework in terms of serving vulnerable communities and populations.



## Kristy Williams

In 2000 I (Kristy Williams) graduated with an ADN. I also received a BSN (2002) and MSN/MHA (2008) from UNC Charlotte. In 2015, I graduated with a DNP from Gardner-Webb University. Throughout the last 13 years, I have worked in ADN, accelerated BSN, MSN, and DNP program as a full-time faculty in didactic, clinicals and simulation environments. I have taught in various modalities such as online, hybrid and in person. I am certified healthcare simulation educator. I am currently employed at Cabarrus College of Health Sciences in the BSN department as an Associate Professor.

**I would like to serve on the North Carolina Board of Nursing because...** Serving on the North Carolina Board of Nursing would afford me the opportunity to be a voice for nurses but also those that seek care within the state. I am passionate about quality care and want to ensure every client that is cared for by a nurse receives the level of care they deserve.



# BSN/Higher Nurse Educator (7)



## Mary Knowlton

I am currently a tenured faculty and the Program Director for the Accelerated BSN Program at Western Carolina University educating students in both the classroom and clinical setting. My education includes a BSN, master's degree (nurse practitioner) and a DNP in Educational Leadership. Clinically, I have worked as a staff RN in acute care (Medsurg, HIV, infectious disease, respiratory, bone marrow transplant), community health (Peace Corps Nepal) and outpatient monoclonal infusion clinic during the pandemic. I have taught across the spectrum of nursing education to include LPN, associate degree, bachelor's, and graduate school level students.

**I would like to serve on the North Carolina Board of Nursing because...** The people of North Carolina deserve high quality, patient centered and engaged nursing care and most nurses work hard every day to deliver on that promise. By serving on the NC Board of Nursing, I can be a part of the team that works to safeguard that rules and regulations are there to ensure high quality care is delivered.

## Mark Hand

I have over 23 years of nursing education experience. I have an ADN, BSN, MSN, and Ph.D. in Nursing. I have taught in ADN, BSN and Graduate Nursing Programs. I am a Certified Nurse Educator. I have been faculty at Durham Technical Community College (2003-2008), faculty at ECU College of Nursing (2008-2014), Director of the ADN Program at DTCC (2014-2017), Chair of the BSN Program at the ECU College of Nursing, faculty in the BSN and RN-BSN Program at ECU CON (2019-Current). I am currently employed at East Carolina University College of Nursing Clinical Professor.



**I would like to serve on the North Carolina Board of Nursing because...** As a nurse educator, I see service to the NC Board of Nursing as a natural progression of my carer goals to advance nursing by contributing to the development and maintenance of a safe, competent, and caring workforce. It would be an honor to serve the state's nursing profession as a member of the NC Board of Nursing.

## Dorothy Miller



Currently serve as Department Chair for Health Sciences and Founding Chair of a Bachelor of Science Nursing program at St. Andrews University in Laurinburg, NC. Acted as Founding Program Chair for a RN to BSN program in Georgia. Have led and participated on various university and nursing committees. Recently selected as a Southern Association of Colleges and Schools Commission of Colleges (SACSCOC) substantive change site evaluator. Educational Background: PhD – Higher Education Administration; Master in Public Health; Master of Science in Nursing (Education); Bachelor of Science in Nursing; Associate Degree in Nursing; Associates Degree in behavioral Sciences; Certified Nurse Educator (CNE).

**I would like to serve on the North Carolina Board of Nursing because...** As nurse leader, it is a privilege and a responsibility to serve on the North Carolina Board of Nursing. I understand that I have a responsibility to be a change agent by promoting the health all residents in North Carolina. I also believe that it is important that communities like Scotland County and other rural health shortage provider areas have a representative that understands their unique struggles in recruiting and retaining qualified nurses.

\*YOUR VOTE COUNTS\*

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# BSN/Higher Nurse Educator (7)



## Charlene Whitaker-Brown

As a Clinical Associate Professor in the School of Nursing at UNC Charlotte I find value in my role educating our nursing leaders of tomorrow. Having over 20 years' experience in healthcare, I have held leadership roles in academia and clinical practice. I am a second-degree student that started my nursing career with an associate degree, then continued until I graduated with a post-doc from UNC Chapel Hill as a PMHNP. As a dual certified FNP/PMHNP I understand the value and importance of increasing the number of primary care and mental health providers to increase access to healthcare for all!

**I would like to serve on the North Carolina Board of Nursing because...** Serving on the Board of Nursing is an opportunity to make a significant impact in the nursing profession and healthcare system of North Carolina. I have a deep passion for nursing and a desire to improve the quality of care for all patients and their families. By serving, I can use my skills and experience to benefit the public and make a positive contribution to society.

# Nurse Administrator (5)

## Carmen Shaw



Dr. Shaw is the Assistant VP, Enterprise Nursing Excellence at Atrium Health. She leads nursing practice and policy, nursing quality, professional culture, inclusive leadership and health equity. Previously, she held positions such as Director of Nursing, Service Line Clinical Nurse Educator, interim nurse manager. Dr. Shaw is an active member of AONL Nominations and Diversity Equity Belonging committees, as well as NCNA. She is a 2022 NC Great 100 Nurse recipient and has presented on several platforms advancing nursing practice. She holds a Doctor of Nursing Practice Degree from Duke University and is a certified professional coach.

**I would like to serve on the North Carolina Board of Nursing because...** Since becoming a Registered Nurse, I developed a strong interest in learning about policy and the regulation of nursing practice. My passion has created opportunities to shape and influence the future of nursing. I am an active good standing member of the NC Board of Nursing and have a passion for advancing the highest standards of practice at all levels of nursing.



## Jennifer Parnell

I am a NC nurse for 29 years. I received my BSN and MSN from East Carolina University. I started my career and leadership positions in cardiac medicine. My love for patient safety led me to a Quality Nurse Specialist role in which I performed root cause analysis and FMEAs. Next, I served as Radiology Nurse Manager overseeing the radiology nurses, an outpatient unit, and vascular access team. Currently, I am the Administrative Director at UNC Health Wayne in Goldsboro, NC with oversight of medical/surgical units and other programs/departments. I am committed to serve and ensure safe nursing practice.

**I would like to serve on the North Carolina Board of Nursing because...** I believe that all patients deserve access to equitable and safe care. I have always advocated for patient safety throughout the numerous roles I have held in my career. Being a part of making decisions related to nursing practice will allow me to grow as a leader so that I can continue to collaborate and advocate for our patients. I have always dreamed of serving on the NCBON and would be honored to be elected.

\*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\* \*YOUR VOTE COUNTS\*



# Nurse Administrator (5)



## Frank DeMarco

I received a diploma in nursing from Albany Medical Center School of Nursing in 1988, a Bachelor of Science in Nursing from Winston-Salem State University in 2012, and a Master's Degree in Nursing Leadership from East Carolina University in 2015. I am currently Nurse Executive Advanced (NEA) Board certified and Six-Sigma Black-Belt Certified. I have held the following nurse leadership roles (Charge Nurse, Nursing Supervisor, Nurse Manager, Director of Nursing, and Associate Chief Nursing Officer). I have been practicing as a nurse in the state of North Carolina for the last 31 years, employed by Duke University Hospital.

**I would like to serve on the North Carolina Board of Nursing because...** As a nurse leader in quaternary health system in NC, I am focused on how nurses care for patients in their times of need. I understand the increased volumes and acuity of our patients and how the novice and experienced nurse are asked to respond. I have provided direct patient care for many years. Serving would allow me to focus on patient safety and advocacy, giving back to the public that we serve.

## Monica Phlippeau

I am Monica "Jill" Phlippeau and currently the Chief Nursing Officer at UNC Health Lenoir. I have a Masters Degree in Nursing Leadership and am currently studying for my certification for Nurse Executive. My background is primarily in Surgical Services as staff and leadership. I have worked as a surgery circulator, charge nurse, and nurse leader for operating room, peri-Anesthesia, central sterile, and pre-Anesthesia testing. Prior to surgery, I enjoyed hospice and med-surg nursing as well. It has been a privilege to lead the nursing team in all services for both In and Outpatient services.

**I would like to serve on the North Carolina Board of Nursing because...** I have a deep passion for nursing and commitment to ensure our profession remains respected and valued to the patients we serve. We as a profession must continue to grow and offer more service to the patients we serve. I want to do my part.



## Robyn Silber

As an MSN (Nursing) prepared nurse leader who serves as the AVP-Patient Care Services and leads a division and population within the Medical Service Line at Atrium Health, Charlotte, NC., I bring 20 years of healthcare and leadership experience including serving large health systems, community health and academic settings. Moreover, I have supported teams in a collaborative practice environment promoting workplace and patient safety, shared governance, positive work culture, well-being, and top of license practice. I am humbled to serve in diverse leadership roles benefiting from learnings from others including those with diversity of thought.

**I would like to serve on the North Carolina Board of Nursing because...** I would be honored to serve recognizing the pivotal importance of nurses at the table, making decisions and collaborating with others to lead change and improve outcomes. Board service is a powerful way for nurses to leverage their knowledge and experience shaping strategies and health for all. Nurses provide a unique perspective; we have a responsibility to lead change in transforming healthcare delivery. Always connected to the mission, nurses understand the implications of decisions.

# Now you're ready to cast your vote!

NC BOARD  
OF NURSING



YOUR  
VOTE  
COUNTS

1. Log into your Nurse Portal account on the Board's website at [www.ncbon.com](http://www.ncbon.com) -- or click the "Your Vote Counts" logo on this page.
2. Locate the election logo.
3. Click 'View Candidates' to the left of the logo.
4. Review the bios and responses.
5. Cast your vote once you review the Slate and make your decision.
6. Click on the photo of the candidate you would like to select.
7. Confirm your selection by clicking on the pop-up asking for confirmation.
8. Click 'OK' to cast your vote.

**Voting is open  
July 1st – August 15th.**



# Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?



**Disclosure Statement** – The following disclosure applies to the NCBON continuing nursing education article entitled "Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?" Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order 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 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 that complete the article will gain an increase in knowledge related to the ability to identify the differences between the NC Board of Nursing, NC Nurses Association, and their policy-related activities.

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## EARN CE CREDIT

### INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflection Questions.

### EARN CONTACT HOUR CERTIFICATE

Go to [www.ncbon.com](http://www.ncbon.com) and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?" 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](mailto:practice@ncbon.com). In the email, provide your full name, and the title of the CE offering.

Registration deadline is July 1, 2024.



## Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?

Nurses may not recognize the differences between the policy-related activities of the North Carolina Board of Nursing (NCBON) and the North Carolina Nurses Association (NCNA). In this article, the NCBON and the NCNA will be compared in terms of their history, purpose, organization, and policy-related activities to provide clarity on the differences between the two organizations. Examples of the activities of the NCBON and the NCNA during the coronavirus disease 2019 (COVID-19) response in NC will be used to compare policy-related activities of the NCBON and the NCNA. Reflection questions are provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential situations in which the two organizations may interact.

### Brief North Carolina History

A conversation on North Carolina (NC) nursing history should begin with a discussion of Mary Lewis Wyche. Wyche is credited with accomplishments which include establishment of the first school of nursing in NC (Rex Hospital Training School for Nurses), creation of the first professional nursing organization in NC, passage of the first nursing registration law in the United States (U.S.), and publication of the first book about the history of nursing in NC (Appalachian State University, 2020). Wyche returned to NC from an International Council of Nurses meeting in New York with the goal of creating a statewide nursing

organization in NC that would improve the profession of nursing and the delivery of patient care through nursing registration and legislative advocacy. Through her persistence and creativity, the first meeting of the North Carolina State Nurses Association (NCSNA) [now named the North Carolina Nurses Association (NCNA)] took place on October 28, 1902 (Pollitt, 2014). As NC's first women's organization to lobby the North Carolina General Assembly (NCGA) on professional matters, the North Carolina State Nurses Association was successful in its legislative efforts when a bill was signed into law on March 3, 1903, which established a Board of Examiners of Trained Nurses of North Carolina – the first in the nation.

In 1925, the NCGA repealed the statutes pertaining to the board and recreated the board under the name, Board of Nurse Examiners of North Carolina, which was later referred to in legislation as the North Carolina Board of Nursing (NCBON) [North Carolina Board of Nursing (NCBON), 2020a]. In 1965, the NCGA revised the NC Nursing Practice Act (NPA) and added a mandatory requirement for a nurse to be registered with the NCBON in order to be employed as a registered nurse in the state (Pollitt, 2014). Additional historical information on the NCBON may be obtained from the NCBON website (NCBON, 2020a). Additional information on the history of the NCNA may be obtained from the NCNA website (North Carolina Nurses Association [NCNA], 2020c; NCNA 2020f).



## Regulatory Bodies and Professional Associations

The brief synopsis above describes the creation of the NCSNA (now NCNA) and NCBON with their related history. However, it should be noted that regulatory agencies in the U.S., such as the NCBON, are separate from professional associations, such as NCNA. The roles of regulatory agencies and professional associations constantly evolve, which can lead to confusion among members of the public, and nurses, regarding the similarities and differences between the two entities (Benton et al., 2017). In an integrative review of the literature which assessed how regulatory bodies, professional associations, and trade union organizations differ and interact, Benton and colleagues (2017) noted that all three types of organizations can claim to act in the interest of the public, but the ways in which they act in the public interest are very different. In their review, Benton and colleagues (2017) noted that regulatory bodies set and enforce minimum standards, approve educational programs, and ensure continuing competence while professional associations promote standards of optimum practice. Regulatory bodies address issues from a narrow, focused lens specific to public protection. The culture within a regulatory body should be impartial and is empowered by legal and societal mandates. Professional associations address issues from a broader professional focus through advocacy that promotes the profession (Benton et al., 2017).

## North Carolina Board of Nursing



As of June 27, 2023, NC had more than 179,000 nurses – 157,008 RNs and 22,777 LPNs (NCBON, 2020b). The mission of the NCBON is to protect the public by regulating the practice of nursing (NCBON, 2020b). As discussed previously, the NCBON was created through legislation that was passed by the NCGA in 1903. Nurses in NC must maintain an active license to practice, which includes requirements for continued competence and license renewal every two years with a renewal fee (NCBON, 2020c). The NCBON is comprised of a 14-member board of directors, which includes licensed nurses and three public members. North Carolina is a leader in nursing regulation in many ways, including its method of electing nurse members to serve on the board...the NCBON remains the only nursing regulatory body in the U.S in which the nurse members are elected by nurses who are licensed to practice in the state. The Governor, Speaker of the House, and President Pro Tempore of the Senate each appoint one of the three public members on the board of directors (N.C. Gen Stat § 90-171.21).

The NCBON is authorized to regulate the practice of all nurses [licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs)] in NC through provisions outlined in the state's nursing practice act





(NPA) (N.C. Gen Stat § 90-171.19-90-171.49). Within this authority, the NCBON may adopt, amend, or repeal rules and regulations necessary to protect the public (N.C. Gen Stat § 90-171.23(b)(3)). Examples of some of the regulatory activities of the NCBON are outlined in Table 1 (located on page 24). Privette (2018) provides further, detailed information on the primary functions of the NCBON and use of the NPA in evaluating nursing practice.

**Policy activities.** The extent of the NCBON's involvement in policy-related activities is focused on those activities that uphold the mission of the NCBON to protect the safety of the public. An example of a specific policy reform activity of the NCBON from the 2019-2020 legislative session is Session Law 2019-180, which updated the NPA and became effective on October 1, 2019. The updates to the NPA were made to reflect the current practice of nursing and to ensure that the laws outlined in the NPA properly facilitate the work of the NCBON in its legislated mandate to protect the safety of the public.

The legislation included a revision of outdated pre-HIPAA language, formatting and definition revisions, clarification of subpoena power and disciplinary authority of the NCBON, and confidentiality protections for materials gathered by the NCBON. Another important provision within this law was the authority to create waivers to allow emergency health services to the public during a declared state of emergency (SOE). This provision allowed the NCBON to respond in an efficient manner and create waivers to address the

nursing workforce needs during NC's response to the COVID-19 pandemic (NCBON, 2020d).

### Reflection Question:

1. Review the provisions of the 2019 law that updated the NC Nursing Practice Act (Session Law 2019-180) available via the link below and reflect on how these changes are aligned with the NCBON's mission to protect the safety of the public.

Note. The Nursing Practice Act changes begin on Part II (page 3) of the document: <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S302v5.pdf>.

## North Carolina Nurses Association



Nurses join professional organizations for a variety of reasons which may include opportunities to network with colleagues, develop leadership skills, remain informed on professional practice issues, participate in activities that influence health policy, and/or engage in continuing education activities (Black, 2017). The NCNA is a broad purpose professional nursing organization – it has a wide-ranging focus and related organizational activities. A specialty purpose professional nursing organization (like the National Association of Neonatal Nurses) has a more limited clinical focus and related organizational activities.

As of June 27, 2023, NCNA had



approximately 7,500 members. Membership in an organization like NCNA allows a nurse to support work related to the entire profession of nursing while membership in the specialty organization has a more limited focus related to the standards of the specific specialty area (Black, 2017). The NCNA states the following as the organization's mission: "The North Carolina Nurses Association serves the changing needs of its members, addresses nursing issues, and advocates for the health and wellbeing of all people" (NCNA, 2020a). Furthermore, the NCNA asserts that it is NC's leading professional organization for RNs; the organization works towards this mission by assisting NC nurses to remain on the forefront of issues related to nursing practice, policy, and education (NCNA, 2020a). As noted in Table 1, NCNA membership is voluntary. Members pay an annual rate to belong to the organization – rates vary according to the level of membership chosen. Opportunities available to NCNA members include networking with other nurses in the profession, continuing education, updates and information about professional issues through the organization's publications, development of leadership skills through council participation, and influencing health policy through nursing and patient-care advocacy efforts (NCNA, 2020d). Ten specialty councils and a commission on advanced practice nursing are within the umbrella of NCNA's "broad purpose" framework. Members of NCNA drive the formation of councils and commissions, which provide opportunities for members to focus on more specialized

areas of interest (NCNA, 2020e). Table 1 includes a list of other NCNA-related activities, as compared to activities of the NCBON. It should be noted that an NC nurse must be an RN to qualify for NCNA membership. Licensed practical nurses in NC have the opportunity to join the NC chapter of the National Association of Licensed Practical Nurses (National Association of Licensed Practical Nurses, 2020).

**Policy activities.** The NCNA's involvement in policy related activities includes interactions with a focus on advocacy for issues that the organization identifies as being critical to patients and the nursing profession (NCNA, 2020c). The membership of the organization determines the political platform and related activities of the organization; the current legislative, regulatory, and political platform for NCNA is available on the organization's website (NCNA, 2023a). Most of the organization's focus in recent years has been advocating for increased access to care, through strategies such as modernization of APRN regulations, Medicaid expansion, school nurse funding, and nursing workforce issues (C. Cowperthwaite, personal communication, August 27, 2020). One specific advocacy effort that NCNA has pursued for the past several legislative sessions is legislation to grant APRNs in NC full practice authority (NCNA, 2020b; NCNA, 2023b; The SAVE Act, 2023). If enacted, this legislation would modernize regulations for APRNs in NC to align with recommendations in a model for APRN regulation that is recognized across the U.S.



– the APRN Consensus Model (National Council of State Boards of Nursing, 2020). Specifically, this proposed legislation would allow APRNs to use the full scope of their abilities, based on their education and training, to assist with NC’s needs for access to care while maintaining standards for high quality health care services and controlling costs (NCNA, 2023b).

### Reflection Questions:

1. Compare the mission of the NCBON and the NCNA. Reflect on the differences in the mission statements of the organizations and how each mission statement directs the work of its organization.
2. Using the information above and within Table 1, compare and contrast the NCBON with the NCNA in terms of the foundation of each organization, membership, board of directors, and organizational activities.
3. Advanced Practice Registered Nurse full practice authority is an example of an issue in which the policy related activities of the NCBON and the NCNA may overlap. If enacted, the proposed legislation for APRN full practice authority would update laws for APRN regulation to align more closely with recommendations in the APRN Consensus Model. Recall that the NCNA advocates for patients and the nursing profession while the NCBON regulates the practice of nursing in order to protect the safety of the public. Based on your reading here and information available through the following additional online resources, reflect on the differences in the policy-related activities of the NCNA and NCBON related to this issue.

Work Group & National Council of State Boards of Nursing. (2008). Consensus model for APRN Regulation: Licensure, accreditation, certification, and education. [https://www.ncsbn.org/public-files/Consensus\\_Model\\_Report.pdf](https://www.ncsbn.org/public-files/Consensus_Model_Report.pdf).

National Council of State Boards of Nursing. (2023). APRN consensus model. <https://ncsbn.org/nursing-regulation/practice/aprn/aprn-consensus.page>.

NCNA. (2023a). Advocacy: 2023–2024 NCNA Legislative, regulatory, and political platform. Retrieved June 27, 2023 from <https://ncnurses.org/advocacy/legislative/ncna-legislative-regulatory-and-political-platform/>.

NCNA. (2023b). The SAVE act: Key talking points: House bill 218 / Senate bill 175. Retrieved June 27, 2023 from <https://pubs.ncnurses.org/pub/957FA0C6-93D8-F740-C4EC-84624F24D865>

### The International Year of the Nurse and the Midwife

In commemoration of the 200th anniversary of Florence Nightingale’s birth, and to highlight the work of nurses and midwives globally, the World Health Organization declared 2020 as the International Year of the Nurse and the Midwife (McSpedon, 2020; Nursing Center, 2020). The International Year of the Nurse and the Midwife offered an opportunity to highlight the significance of nurses in improving access to health care for people in countries around the world (McSpedon, 2020). The critical importance of nurses and the application of Florence Nightingale’s practices, including handwashing, standards of cleanliness,



and learning from data have unexpectedly been brought into sharp focus during the International Year of the Nurse and Midwife due to the COVID-19 pandemic (Barnes & Barnes, 2020).

## COVID-19

The World Health Organization declared the COVID-19 crisis a pandemic on March 11, 2020 (World Health Organization, 2020). Healthcare system process changes related to the care for patients during the pandemic were required due to the impact of COVID-19 patient surges and the lack of adequate personal protective equipment (PPE) available to care for patients during the crisis. During April 2020, the North Carolina Department of Health and Human Services reached out to nurses across NC with a request for assistance in responding to the nursing workforce needs to combat COVID-19. More than 2,000 nurses, including RNs, LPNs, and APRNs answered this call (Hoban, 2020). Additionally, representatives from the NCBON and the NCNA were invited on separate occasions to provide testimony to the NCGA as the NCGA made plans for legislation to address the acute needs, next steps, and long-term response to the COVID-19 pandemic in NC. The following information will provide examples of the legislative activities of the NCNA and the NCBON during NC's response to COVID-19.

### North Carolina Nurses Association

The NCNA is known at the NCGA as the "voice" for nurses. With this in mind, the NC House Subcommittee on COVID-19,

Health Care Working Group reached out to NCNA with a request for information from nurses on the front lines and their concerns as they cared for patients during the pandemic. NCNA president, Dennis Taylor, and chief executive officer, Tina Gordon, responded by providing a joint presentation to the committee on April 2, 2020. The NCNA gathered data for the presentation by surveying its membership; membership concerns included a lack of personal protective equipment (PPE), the availability of childcare for nurses while they were working to care for patients, fear and anxiety due to uncertainties related to COVID-19, and concerns regarding safety issues and not wanting to spread the virus (Gordon & Taylor, 2020). NCNA shared specific comments from NC nurses with legislators to "voice" the concerns from the nursing workforce related to their work in caring for patients during the COVID-19 crisis. Among the requests shared with legislators at the conclusion of the presentation was a request that legislators support the stay-at-home orders issued by the Governor to reduce the rate of COVID-19 transmission throughout the state, a request for legislators to use their influence to call for the expedited manufacture and distribution of PPE throughout the state, and a request for flexibility to allow the nursing workforce to maximize its contributions in the response to COVID-19 (Gordon & Taylor, 2020). After this presentation, the NCNA conducted a few non-scientific membership follow-up surveys. The follow-up surveys noted a decrease in the number of members who reported PPE shortages at their place of



employment, although over one third of respondents still reported PPE shortages. Additionally, members responding to the surveys reported an increase in workload related to COVID-19 (Cowperthwaite, 2020).

### North Carolina Board of Nursing

As mentioned previously, provisions within Session Law 2019-180 granted the NCBON the authority to create regulatory waivers during a declared SOE in order to allow emergency health services to the public (N.C. Gen Stat § 90-171.49). On March 10, 2020, Governor Roy Cooper's Executive Order 116 declared a SOE for NC. In response to the declared SOE and pursuant to the authority granted to the NCBON by the legislature, the NCBON was able to efficiently create regulatory waivers to address nursing workforce-related concerns in response to the COVID-19 SOE. The NC House Subcommittee on COVID-19, Health Care Working Group reached out to the NCBON with a request for a presentation on May 14, 2020 to include updates on the activities of the NCBON in response to COVID-19. Legislators also requested information regarding the implementation of provisions from the COVID-19 Recovery Act which included temporary flexibility related to the regulations for quality improvement plans, meetings, and associated documentation for experienced nurse practitioners and physician assistants (COVID-19 Recovery Act, 2020).

The presentation provided to legislators by NCBON legislative liaison, Catherine Moore, included updates on the many nursing-related waivers

implemented, including waivers related to LPNs, RNs, APRNs, Medication Aides, Nurse Aide IIs, nursing education programs, and refresher courses (Moore, 2020). NCBON COVID-19 information is available on the NCBON website (NCBON, 2022). The presentation also included updates on the collaborative efforts of the NCBON in response to COVID-19, updates on the anticipated numbers of nursing and APRN program graduates, the response to waiver implementation from the nursing workforce and educational/refresher programs, and an update on the actions of the NCBON to notify the nurse practitioners in NC of the legislation for temporary flexibility of regulations related to quality improvement plan requirements (Moore, 2020). The NCBON presentation concluded with an outline of issues for the NCGA to consider. Information included an update on the calls and reports received by the NCBON related to the safety concerns due to the lack of PPE available for patient care throughout the state and comments related to the importance of statutory provisions for regulatory waivers which facilitate an efficient response by regulatory boards during a SOE (Moore, 2020).

### Reflection Questions:

1. Review the information above and the slides for the presentations given by NCNA and the NCBON to the NC House Subcommittee on COVID-19, Health Care Working Group. Reflect on the differences in the information provided by the two organizations and the consistency between the mission of each organization



and the information provided to the legislative committee by representatives of each organization.

- Gordon, T., & Taylor, D. (2020). North Carolina Nurses Association comments to the NC House Select Committee on COVID-19, Health Care Working Group.  
<https://webservices.ncleg.gov/ViewDocSiteFile/47772>
- Moore, C. (2020). North Carolina Board of Nursing comments to the NC House Select Committee on COVID-19, Health Care Working Group.  
<https://webservices.ncleg.gov/ViewDocSiteFile/47805>

2. Consider your previous thoughts related to the purpose of the NCBON, the NCNA, and their related activities. Reflect on the ways in which the information provided in this article enhanced your knowledge of the organizations and their related activities/functions.

## Conclusion

This article compared the NCBON and the NCNA in terms of their history, purpose, organization, and policy-related activities. Examples of the activities of the NCBON and the NCNA during the COVID-19 response in NC were used to compare legislative activities of the two organizations. Reflection questions were provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential

situations in which the two organizations may interact. Nurses can use this information to enhance their knowledge of the differences between the NCBON, the NCNA, and their policy-related activities.

### Catherine Moore

PhD, RN

Chief Legislative and Quality Officer



*Note. The author would like to thank Chris Cowperthwaite, APR, North Carolina Nurses Association (NCNA) Director of Communications and Outreach, for his editorial assistance related to the NCNA content for this article.*

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**Table 1. North Carolina Board of Nursing and North Carolina Nurses Association Comparison**

	<b>Board</b>	<b>North Carolina Nurses Association</b>
<b>Website</b>	<a href="https://www.ncbon.com">https://www.ncbon.com</a>	<a href="https://www.ncnurses.org">https://www.ncnurses.org</a>
<b>Mission</b>	Protect the public by regulating the practice of nursing.	Serve the changing needs of its members, address nursing issues, and advocate for the health and well-being of all people.
<b>Organization/ Foundation</b>	Established by the North Carolina General Assembly in 1903. A regulatory agency composed of elected nurses, appointed citizens, and staff.	Founded in 1902. Professional membership association composed of registered nurses.
<b>Fees</b>	Nurses in NC must renew their license every two years. The current license renewal fee is \$100 every two years.	Membership in this organization is voluntary. Members pay an annual rate to belong to the organization; rates vary according to the level of membership chosen.
<b>Board of Directors</b>	Board of Directors consisting of 14 members. Three members are publicly appointed: (1) from NC House of Representatives (1) from NC Senate and (1) from Governor. Remaining members are elected by the licensed nurses in NC.	Board of directors elected by the membership of the organization.
<b>Activities</b>	<p>Sets standards and approves educational programs leading to licensure.</p> <p>Licenses registered nurses and licensed practical nurses.</p> <p>Maintains the registry for nurse aide IIs.</p> <p>Develops rules and issues interpretations to further define the practice of nursing as set forth in the Nursing Practice Act.</p> <p>Participates in the Nurse Licensure Compact for multi-state regulation of RNs and LPNs</p> <p>Offers programs for licensure remediation and practice enhancement.</p> <p>Investigates complaints and disciplines nurses.</p>	<p>Promotes standards of nursing practice, nursing education, and nursing services.</p> <p>Acts/speaks for the nursing profession in NC with regard to legislation and health policy.</p> <p>Promotes and protects the economic and general wellbeing of nurses.</p> <p>Nursing state spokesperson to the allied professional community, governmental groups, and the public.</p>

Note. Table adapted from “Fact Sheet,” 2005. Copyright 2005 by the North Carolina Board of Nursing.





# Upcoming Events

Meetings may be held virtually. Please check [www.ncbon.com](http://www.ncbon.com).

## Board Business Meeting

September 21, 2023

## Administrative Hearings

July 26, 2023

September 20, 2023

## Hearing Committee

August 30, 2023

October 25, 2023

## Education & Practice Committee

August 3, 2023

## Nurse Leaders Regulatory Orientation

September 7, 2023 - in-person

October 11, 2023 - virtual

## Education Program Director Orientation (EPDO)

September 13, 2023 - virtual

Please visit [www.ncbon.com](http://www.ncbon.com) for updates to our calendar and call-in information to attend public meetings.

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.

Click any of the icons below to find our pages.



# APRN



**Kimberly Luisana**

DNP, NP-C  
APRN Consultant

## What are the recent NCBON APRN rule changes?

### **Clinical Nurse Specialist (CNS) rule change to 21 NCAC 36 .0228.**

Effective April 1, 2023, there were amendments to the CNS rules eliminated the portfolio option as a pathway for CNS recognition.

### ***What does this mean for CNSs without national certification previously recognized through the professional portfolio option?***

-Renew your NCBON recognition every 2 years – if you fail to renew your recognition you will not be allowed to regain recognition without national certification; **AND**

- Complete 1,000 clinical practice hours in a CNS role every 5 years and 75 hours of continuing education appropriate to the CNS role, at least 25 of those hours must have pharmacology credit:

**\*\*OR\*\***

- Complete 150 hours of continuing education appropriate to the CNS role, at least 50 of those hours must have pharmacology credit.

-Maintain records of clinical practice hours and/or continuing education for NCBON review, if audited. or requested.

### **Nurse Practitioner (NP) continuing education (CE) 21 NCAC 36 .0807.**

Effective June 1, 2023, there were amendments to the NP rules.

### ***What does this mean for NPs?***

To maintain NP approval to practice, the nurse practitioner shall earn 50 contact hours of continuing education every two years. (NPs who prescribe controlled substances are still required to complete at least 1 hour of controlled substance CE activity annually).

A nurse practitioner who possesses a current national certification by a national credentialing body shall be deemed in compliance with the CE requirement.

Maintain records of continuing education for NCBON review, if audited or requested.

Contact [APRNpractice@ncbon.com](mailto:APRNpractice@ncbon.com) for additional questions.



# Compliance



**Candace Elliott**  
Compliance Case  
Analyst

## What is the Discipline Program for nurses in recovery?

Pursuant to the Nursing Practice Act (NPA), NCGS 90-171.23, the North Carolina Board of Nursing (NCBON) is granted authority to administer disciplinary action and establish programs to monitor the treatment, recovery, and safe practice of nurses with substance use disorders. Like the Alternative Program for Nurses in Recovery (AP), the Discipline Program for Nurses in Recovery (DP) is a program for nurses whose practice may be impaired because of a substance use disorder (SUD).

While the AP is a non-published alternative to traditional discipline, the DP is public and disciplinary – documents verifying enrollment, modification, and completion are posted on the NCBON's license verification system and Nursys®, the national nurse licensure and disciplinary database.

The objectives of the DP include protecting the public by monitoring nurses experiencing a SUD and providing a structured monitoring program to return the recovering nurse to safe practice. The DP may be offered following unsuccessful participation in a monitoring program or the nurse may be ordered by the Board to participate in DP.

Enrollment in the DP requires entry into a Published Consent Order (PCO) acknowledging a diagnosis of a SUD and violation of the NPA including, but not limited to, diversion, impairment on duty, fraudulently obtaining prescriptions or multiple convictions for driving while impaired.

Upon entry into the DP, the participant is contacted by the designated NCBON Compliance Case Analyst (CCA) whose responsibility is to monitor the participant's compliance with the PCO. Like the AP, the key tenets of the DP include:

- treatment at a level prescribed by the qualified substance abuse treatment facility followed by 52 weeks of weekly aftercare;
- total abstinence from alcohol, non-prescribed medications, and illicit substances;
- attendance at a minimum of three approved mutual support group meetings per week;
- random, observed drug screening following chain of custody protocol;
- requirement to report relapse within 24 hours; and
- evaluation by an NCBON-participating addictionologist prior to returning to restricted nursing practice.

*Continued on next page*



# Compliance *cont'd*

Following approval to return to restricted practice, all nursing positions are approved by the CCA. Employers verify awareness of DP participation, ability to support conditions, and agree to:

- submit quarterly evaluations to confirm the quality of practice and minimum hours worked and
- remove the participant from duty following submission of a failed drug screen or refusal to drug screen when requested by the employer.

DP participants are subject to the PCO conditions for a minimum of three years of satisfactory nursing employment in an approved licensed nursing position or a minimum of five continuous years of random drug screening while satisfying all other conditions.

If the PCO is terminated due to non-compliance, the license is suspended for a minimum of 12 months. Prior to requesting reinstatement and restarting the DP, the participant must submit evidence of a minimum period of continuous sobriety as defined by the NCBON's Sobriety Notebook.

Link to DP Information: [Drug Monitoring Programs | North Carolina Board of Nursing \(ncbon.com\)](https://www.ncbon.com/Drug-Monitoring-Programs)

## Admitted Nurse Profile – as of December 31, 2022

- Number of participants at end of 2022: 86
- Female, RN, 14 years of experience in NC
- 44 years old
- Substance of Choice: Opiates and Alcohol
- NPA Violations: diversion and impairment

### 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**  
Press 0



# Education



**Ann Marie Milner**  
DNP, RN, CNE  
Education Consultant

## How do you establish a nursing program in North Carolina?

To establish a nursing program in North Carolina, it is essential to follow the guidelines set forth in Rule 21 NCAC 36 .0302. The Rules of North Carolina Board of Nursing (NCBON) are present to protect the public. Protecting the public begins with quality nursing education.

The first step to establish a nursing program is to appoint a qualified program director (PD) who will serve as the primary point of contact with the NCBON. The PD is responsible for writing the application for initial approval and obtaining approval from the relevant licensing regulatory body in North Carolina.

Before beginning the application process, the PD should thoroughly read and understand the rules governing nursing programs in NC. If clarification is needed, the PD is encouraged to contact the assigned education consultant for assistance.

To ensure a seamless and effective approval process, it is recommended that the PD submit their initial approval request at least six months prior to the proposed start date determined by the institution. The consultant assigned to the program will collaborate closely with the PD to ensure that the institution's timeline is adhered to, and all necessary steps are taken within the allotted time established.

Once the application is deemed complete, an on-site visit will be scheduled in coordination with the PD. This visit is necessary to assess the facilities and ensure that they meet the requirements specified in rule 21 NCNA 36.0322.

The completed application should be received by the NCBON not less than 120 days before a regular meeting of the Board to be considered for placement on the agenda. Board meetings are scheduled three times a year in January, May, and September. When the program is placed on the Board agenda for the next meeting, all relevant information pertaining to the initial approval of the program will be submitted for review by the board members.

The program will retain initial approval status for the time necessary for full implementation of the curriculum, provided that the program complies with all established regulations. An education consultant will conduct a survey during the final term of the curriculum to determine if a recommendation will be made to the Board to move the program to full approval status.

*Continued on next page*



# Education cont'd

If you have questions about starting a pre-licensure nursing education program in NC, the NC BON Education Staff are available to assist you.

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

Terry Ward, PhD, MSN, RN, CNE - Education Consultant

Ann Marie Milner, DNP, MSN, RN, CNE - Education Consultant

Tonya Body, MAED - Education Coordinator

[education@ncbon.com](mailto:education@ncbon.com)



## Virtual Information Session: Proposed Amendments to Administrative Code Section .0300 | Approval of Nursing Programs



Click date below to register.

**July 11, 2023 | 2:00-3:00 PM**

**July 19, 2023 | 6:00-7:00 PM**

**Already have questions?**

**Register prior to the webinar to submit your questions.**



# Investigations



**Angie Matthes**  
MBA/MHA, RN  
Director, Investigations



**Ruth Ann Go**  
MSN, MEd, RN, LNC  
Manager, Investigations

## Documentation Shortcuts: Timesaver or Pitfall?

Are there timesavers you use when documenting nursing care? For example:

- Copying and pasting or pulling forward previous notes;
- Pre-documenting care, treatments, medication administration; or
- Quickly clicking checkboxes.

Could these actions be a potential violation of the Nursing Practice Act?

The Nursing Practice Act and Administrative Rules outline requirements for both RNs and LPNs related to documentation.

According to 21 NCAC 36 .0217, a licensee can be found in violation for the following:

- (12) failing to maintain an accurate record of all pertinent health care information...and
- (22) falsifying a client's record or the controlled substance records.

According to 21 NCAC 36 .0224 and 21 NCAC 36 .0225, accurate and timely documentation in the client's medical record communicates "information to other individuals responsible for, or involved in, the care of the client."

While your facility may permit the use of copy and paste or pulling documentation forward, this practice could result in false documentation. Frequently when nurses are reported to the Board for documentation errors, it is the result of notes being pasted from previous entries. This practice increases the likelihood of erroneous information in the client's record, which could have an adverse or unintended effect on the client's care. Inaccurate information in a medical record, even when pasted accidentally, can be viewed as falsification. If copy and paste or pulling documentation forward is utilized, the nurse has the responsibility to review the information and make appropriate updates to ensure accuracy.

Another practice resulting in reports to the Board is the "pre" documentation or documenting an intervention, including medication administration, prior to the task being completed. This is falsification of the medical record and increases the risk of errors and potential harm to the client. When care is documented in advance, other members of the client's care team could make decisions about the care based on inaccurate information in the record. Entries should be made only after the care or medication administration has been carried out.

*Continued on next page*



# Investigations *cont'd*

The prevalence of checkboxes in electronic medical records creates an additional risk for the nurse to document false information. During a busy shift, the nurse may inadvertently click an assessment or intervention that was not performed. While unintentional, this too represents falsification of the medical record. Give diligent attention when selecting checklist items to ensure the client's presentation or care provided is accurately reflected.

Care should be entered in the medical record in a timely manner to facilitate continuity of care and should never be documented in advance. Should a late entry be required, the note should be clearly designated as such in accordance with facility policy. Additionally, waiting until the end of a shift to document all care provided during that shift does not provide an accurate clinical picture for all members of the care team. This practice also increases the likelihood of false information being documented.

Nurses should follow the facility's policies and procedures regarding documentation standards to ensure safe and appropriate client care. For additional information, the Board offers a 1 contact hour article in the Winter 2021 edition of *The Bulletin* "Patient Care and Documentation: The Balancing Act" which can be accessed on the Board's website.

**NEW OFFERING!**

## Overview of Nursing Practice Act (NPA) Violations and Investigations

This offering provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation. It offers 1.5 contact hours.

To request a speaker, send us an email!

 [practice@ncbon.com](mailto:practice@ncbon.com)





# Legal



**Rob Patchett**  
Staff Attorney

## When do I have to self-report criminal charges and convictions? And, what happens when I do or don't report?

The North Carolina Nursing Practice Act requires self-reporting of criminal charges and convictions under three conditions: (1) Any felony arrest or indictment; (2) Any arrest for driving while impaired or driving under the influence; and (3) Any arrest or indictment for the possession, use, or sale of any controlled substance (GS 90-171.37C(e)). A licensee must self-report to NCBON within thirty (30) days of arrest or indictment (Id.).

Also, on every biennial renewal application a licensee is required to disclose any misdemeanor or felony pending charges or convictions, including driving while impaired offenses, since the previous renewal period. It is a violation of GS 90-171.37(a)(1) to provide false information or withhold information from the Board in procuring a license.

When NCBON receives a self-report of a criminal charge or conviction, an investigative file is opened and an NCBON investigator is assigned the case. The investigator will collect evidence including, but not limited to, witness interviews, police reports, charging documents, judgments, and sentencing orders. Following the investigation, NCBON legal staff will determine whether the licensee's conduct and conviction are in violation of the Nursing Practice Act or NCBON's rules.

GS 90-171.37(a)(2) gives NCBON the authority to discipline a licensee when a criminal conviction or guilty plea to a crime indicates the licensee is unfit or incompetent to practice nursing or if the licensee deceived or defrauded the public. Additionally, 21 NCAC 36 .0217(a)(4) gives NCBON the authority to discipline a licensee if the conviction of any crime has bearing on the licensee's fitness to practice nursing. Examples of these crimes include crimes with a nexus to nursing, sexually violent crimes, financial fraud crimes committed during the practice of nursing, and serious violent crimes. Disciplinary sanctions range from a Letter of Concern to Reprimand, and Suspension.

The Nurse Licensure Compact adds an additional layer of complexity to disciplinary outcomes following self-reports of criminal convictions. The Compact prohibits nurses from holding a multistate license if the nurse has been convicted of any felony crime or a misdemeanor related to the practice of nursing (90-171.95B(c)(2)(7) and (8)). This means following a self-report of a felony conviction or a misdemeanor conviction of a crime related to the practice of nursing, NCBON will deactivate the nurse's multistate license and issue a single state license.

Finally, while not all criminal convictions result in disciplinary action against a license, failure to self-report a conviction and falsifying a renewal application are both violations of the Nursing Practice Act and may result in disciplinary action.



# Legislative



**Catherine Moore**

PhD, RN  
Chief Legislative &  
Quality Officer

## What bills related to nursing has the NCBON been monitoring this session?

The 2022 NCBON communications survey noted respondents requested legislative updates in future publications of the *Bulletin*. This legislative update will provide a broad summary of session statistics and examples of legislation the NCBON has been monitoring. As of June 9, 2023, 1,643 bills had been filed in the North Carolina General Assembly (NCGA) (895 filed in the House and 748 filed in the Senate). Thirty-two bills have become law (including two vetoed by the Governor and overridden by the NCGA, and four bills became law without the Governor's signature). The list below provides brief summative information on select bills monitored this session. Additional information on activities of the NCGA is available at [www.ncleg.gov](http://www.ncleg.gov).

### Enacted Legislation

The [Veterans Auto and Education Improvement Act of 2022, Public Law 117 – 333](#), federal legislation enacted January 1, 2023, includes provisions for the portability of professional licenses of members of the uniformed military services and their spouses.

NC House Bill 76, [Access to Healthcare Options](#), provides North Carolina citizens with greater access to healthcare options. This legislation was chaptered 03/27/2023: Session Law Number 2023-7.

NC Senate Bill 20, [Care for Women, Children, and Families Act](#), Section 4.3 of the legislation includes provisions with a path towards CNM practice without the requirement of a collaborating provider/collaborative provider agreement after CNMs reach 24 months / 4,000 hours of clinical practice. This section of the law becomes effective 10/1/2023. This legislation was chaptered 5/16/2023 – Session Law 2023-14.

### Proposed Legislation

NC House Bill 125, [NC Health & Human Services Workforce Act](#), includes provisions that direct the NCBON and NC Department of Health and Human Services to develop a plan to transition the Nurse Aide I to the NCBON. This legislation was referred to the Senate Committee on Judiciary 5/31/2023.

NC House Bill 218 / NC S 175, [The SAVE Act](#), includes provisions to grant full practice authority to all four APRN roles. This bill has not yet been scheduled for any committee hearings.

*Continued on next page*



# Legislative *cont'd*

NC House Bill 259, [2023 Appropriations Act](#), makes base budget appropriations for current operations of state agencies, departments, and institutions. This bill failed its concurrence vote in the House 5/24/2023. Conference committee members were assigned 6/1/2023.

NC House Bill 382, [Registered Nurses in Schools](#), proposes to allow licensed registered nurses who have at least two years of experience in a hospital or health clinic to be employed as school nurses without being required to obtain any other certification or license. This legislation was referred to the Senate Committee on Rules and operations of the Senate 4/3/2023.

NC Senate Bill 310, [Solving the Preceptor Crisis](#), directs the North Carolina Area Health Education Centers Program to study impediments to the availability of community-based preceptors. Referred to Senate Appropriations/Base Budget 3/15/2023.

NC Senate Bill 380, [Physician Passive Income Prohibited](#), prohibits passive income from supervision agreements and collaborative practice agreements between physicians and certified nurse midwives and nurse practitioners. This legislation was referred to the Senate Committee on Rules and Operations of the Senate 3/29/2023.

NC Senate Bill 385, [Anesthesia Care / TEFRA Compliance](#), proposes to require anesthesiologists to comply with certain requirements during the supervision of anesthesia care provided by certified registered nurse anesthetists in order to qualify for reimbursement of those services. This legislation was referred to the Senate Committee on Rules and operations of the Senate 3/29/2023.

NC Senate Bill 393, [CRNA Supervision Modifications](#), proposes to require direct supervision of certified registered nurse anesthetists by anesthesiologists when performing anesthesia activities during surgical procedures.

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

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Sign up for Nursys e-Notify.



# Licensure

I am no longer working as a nurse, what options do I have for my North Carolina nursing license?

You have several options:

- (1) do nothing and the license will expire,
- (2) place the license on inactive status, or
- (3) place the license on retired status.



**Tony Graham**  
MS, CPM  
Chief Operations Officer

If you choose to do nothing, the license will expire on the scheduled date. You may reinstate the license if you decide to begin working as a nurse in the future. If your license remains expired for more than five years, you must complete a refresher course before reinstatement. For more information on the reinstatement process and requirements visit our website at <https://www.ncbon.com/licensure-listing-apply-renewal-reinstatement-rn-lpn>.

If you plan to discontinue the practice of nursing in North Carolina, either permanently or temporarily, a request may be made to become inactive. Inactive Status is requested when your license is up for renewal. The request for Inactive Status MUST be made before the expiration of your current license. Once a license expires, it cannot be placed on the Inactive Status.

A retired nurse can place their license on Retired Status when it is up for renewal. The request for Retired Status MUST be made before the expiration of your current license. If a license is inactive or expires, it cannot be placed on Retired Status.

Retired Status allows you to use the designation of either Registered Nurse–Retired or Licensed Practical Nurse–Retired. With the Retired Status, you will receive a frameable Certificate with this designation. This Certificate will be mailed to you after the expiration date of your current license.

A nurse with an Inactive or Retired license is not permitted by law to practice nursing, including volunteering, in North Carolina. For more information on any of the applications visit NCBON website at [www.NCBON.com](http://www.NCBON.com) or log into your nurse portal to complete the appropriate application.

## Licensure Application Process

We've produced a step-by-step video to help you through the application process!

Go to our website **NCBON.com**  
for more information!



# Practice



**Joyce Winstead**

MSN, RN, FRE  
Director, Practice

## What are the differences in the scope of practice of the RN and the LPN working in the office, clinic, or ambulatory care practice settings?

The North Carolina Board of Nursing (NCBON) Practice Department often receives questions about the scope of practice for the RN and LPN working in the office/clinic/ambulatory (office) setting. The Nursing Practice Act (NPA) and Administrative Code (Rules) govern the practice of nurses in North Carolina (NC). The RN scope of practice is defined by NPA [GS 90-171.20 \(7\)](#) and Rule [21 NCAC 36.0224](#). The LPN scope of practice is defined by NPA [GS 90-71.20 \(8\)](#) and Rule [21 NCAC 36.0225](#). It is important to recognize that the nurse's legal scope of practice remains the same regardless of the practice setting. The scope of practice may vary based on agency policies and procedures. The agency may choose to limit the activities in which a nurse can perform but can never expand the scope beyond the scope defined by the NPA and Rules. An example of limiting the nurse's scope of practice is an agency that does not permit LPNs to administer blood products to the client.

The RN practice encompasses the full scope of nursing practice and includes all client population types: individuals, groups of individuals, and communities. The RN scope provides comprehensive client nursing assessment, planning, implementation, and evaluation. The RN in the office setting does not require a healthcare provider to assign or supervise their nursing practice. The RN scope practices independently ([RN Scope of Practice – Clarification](#)).

The LPN practice has a limited focus on participation in the components of nursing scope of practice. The LPN client population includes individuals and groups of individuals. The NPA and Rules require LPNs practicing in all settings to have continuous supervision by an RN, physician, nurse practitioner, or other person authorized by State law to provide the supervision ([LPN Scope of Practice – Clarification](#)).

Nurses frequently interface with unlicensed assistive personnel (UAP) in the office practice setting. Titles of UAP may include Nurse Aide I, certified nurse aide (CNA), certified medical assistant (CMA), and such. In the office setting, nurses (RNs and LPNs), Advanced Practice Registered Nurses, physicians, and other authorized health care providers often delegate client care activities to UAP. To ensure appropriate role and responsibilities, it is crucial that nurses, employers, and other health care providers have a clear understanding of the RN and LPN scope.

*Continued on next page*



# Practice *cont'd*

The agency's policies, procedures, and job descriptions should accurately reflect the nurse's scope of practice and responsibilities for teaching, delegating to, and supervising UAP respective to the nurse's scope of practice. [Office Practice Setting – Delegation to UAP](#) provides guidance for the RN and LPN scope of practice respective of the nurse's legal scope.

At times, there may be confusion about the use of the title "nurse" by other office staff. Nurse is a protected title in NC. Any person who refers to or portrays themselves in any capacity as a "nurse" in NC must be a licensed RN or LPN. UAP may not use or be referred to as a "nurse". Title protection of "nurse" supports the NCBON mission to protect the public and helps with the prevention of the public being misled regarding qualifications of individuals providing their care ([Title "Nurse" is Protected](#)).

If you have questions about nursing practice in NC, the NCBON Practice Staff are available to assist you.

Joyce Winstead, MSN, RN, FRE – Director, Practice

Stacey Thompson, MSN, RN, NE-BC – Practice Consultant

Paulette Hampton, MA – Practice Coordinator

[practice@ncbon.com](mailto:practice@ncbon.com)



## Here you are!

We've missed you!

**Have you changed jobs recently?**

**Maybe moved to a new address?**

Be sure to update your contact information in the NCBON Nurse Portal.

It's the **rules**\*!

*\*21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT (a) and (b)*

**NCBON Nurse Portal**



# Community Contribution

## Why Should I Apply to be a Medical Examiner?



Do you enjoy putting the pieces of a puzzle together to find answers and closure for decedents and the families left behind? Are you looking for a mentally and physically challenging job that you can do on an on-call or part-time basis? Have you imagined yourself working alongside law enforcement, families, and pathologists to find answers? Come join us!!



**Dr. Michelle Aurelius**  
Chief Medical Examiner of  
North Carolina

The mission of the Office of the Chief Medical Examiner of North Carolina (OCME) is to inspire policies, programs, and support that improve the health of our communities by providing the best care to every decedent through accurate, scientifically based, timely, professional, compassionate, and high-quality assessments of medical examiner jurisdictional deaths in North Carolina.

Essentially, Medical Examiners (MEs) take jurisdiction of all sudden, unexpected, violent, and suspicious deaths. They investigate the death to provide a report and complete a death certificate in these cases. They are paid for each report that is promptly filed. MEs also are called upon to authorize cremations and are entitled to a fee in those cases as well.

The Chief Medical Examiner must appoint at least two MEs for each county to serve a three-year term.

- The OCME is particularly interested in recruiting for the following counties currently: Anson/Union, Bertie/Chowan/Gates/Hertford, Brunswick, Durham/Orange, Guilford, Iredell, Washington

### **Who can serve as an appointed Medical Examiner?**

A licensed medical physician or physician's assistant, registered nurses (RN), nurse practitioners, or licensed paramedics can be appointed as a medical examiner. The North Carolina Legislature is currently reviewing the expansion of qualifications for medical examiners to other licensed medical practitioners and certified medicolegal death investigators.

Candidates will receive mandatory training by the OCME and are provided the ME Guidelines which are updated annually and give detailed information as the duties of an ME. Current 2023 training will be held on the following dates:

- June 5-8 Hendersonville
- September 18-21 Wilmington
- November 27-30 TBD

### **How can I apply to be a Medical Examiner?**

Interested RN's should contact Trish Fore, lead medical examiner trainer at [Trish.Fore@dhhs.nc.gov](mailto:Trish.Fore@dhhs.nc.gov) or (919) 208-7672 for an application and other information on how they can be appointed as a medical examiner within their county or neighboring counties.

*N.C. Gen. Stat. § 130A-382-3, 385, 387-8*



# Diversity, Equity, and Inclusivity:

## The Journey of One Nursing Regulatory Body: Part II

Authored By

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The words of Dr. Martin Luther King Jr. appropriately provide context related to the inception of the North Carolina Board of Nursing's (NCBON) journey to incorporate diversity, equity, and inclusivity (DEI) into the culture of the organization. The NCBON regulates more than 176,000 nurses in North Carolina (NC), including licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs). The mission of the NCBON is to protect the public by regulating the practice of nursing. The NCBON vision is exemplary nursing care for all. The organizational values of equity, integrity, and agility support the NCBON in its work towards the mission and vision. As the regulatory agency for the largest healthcare workforce in NC, the NCBON acknowledged the need to critically examine its role and approach in addressing issues of racism, social injustice, intolerance, and inequality from an organizational and regulatory perspective (National Council of State Boards of Nursing [NCSBN], 2020). Incorporation of DEI has the potential to create lasting positive effects in the NCBON's work as a nursing regulatory body (NRB). The purpose of this two-part article is to describe the initial steps of the NCBON's journey to determine how to incorporate DEI concepts into the organization's culture and processes. Part I will focus on the DEI issue presented and steps leading to the formation of a DEI committee to explore solutions for the organization. Part II will focus on the initial work of the committee and next steps for the NCBON.

*"All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence."*

**-Dr. Martin Luther King, Jr.**

### Part I: Issue Presented

Children of color comprised almost half of NCs under 18 population in 2019. More than half of all Americans are projected to belong to a minority group by 2044 and nearly one in five of the nation's total population is projected to be foreign born by 2060 (North Carolina Office of State Budget and Management, 2021). The rapid racial diversity occurring in the general population is not reflected in the demographics of licensed nurses in NC. It is important to acknowledge this discrepancy and remain mindful of implications this may have on the delivery of safe, culturally competent nursing services. Additionally, heightened social unrest in recent years has brought DEI conversations to the forefront in organizations, communities, and the nation. These events and related conversations were a catalyst for the NCBON to increase its focus on being an employer, and an NRB, that appropriately promotes DEI.

The American Nurses Association publication, *Nursing: Scope and Standards of Practice* (4th edition) acknowledges the existence of inequity within the environments in which nurses work by stating:





*As systems of care, institutions, and policies have evolved, persons and entities in power positions set the specifics of care and the tone of care delivery. Such systems, whether purposefully or inadvertently, have created situations that respect some persons and disregard others (Monroe, 2005, as cited in American Nurses Association, 2021, p. 21).*

Initiatives to address DEI in nursing, including nursing regulation, are imperative to promote evolution in the profession that will allow nursing to meet the challenges noted in the 2021 report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. One of the reports desired outcomes is that nurses providing care throughout the nation reflect the people and communities they serve to ensure healthcare services are culturally competent and equitable (National Academies of Science, Engineering, and Medicine, 2021).

As part of the movement for a more diverse and inclusive society, the nursing community (including educational institutions, professional nursing organizations, and NRBs) released statements and resources to address DEI (Pitts et al., 2020). For example, *The National Commission to Address Racism in Nursing* (2021) created the following definition of racism: “assaults on the human spirit in the form of biases, prejudices, and an ideology of superiority that persistently cause moral suffering and perpetuate injustices and inequities” (Alexander, 2021, p.1). The NCSBN *Statement on Diversity and Equity in America* (2020) included the following assertion:

*At this pivotal moment, as an organization committed to public safety, we recognize how vital it is to listen and respond to those calling for an end to systemic racism and not allow those who seek destruction and violence to overshadow the importance of*

*purposely moving toward a new era of diversity, inclusiveness and change. This cannot be done in isolation. NCSBN stands ready to work with nursing colleagues and the rest of the healthcare community to effect long-lasting change. To this end, we will begin by critically examining regulatory processes for bias and develop additional learning resources to support equitable treatment for all.*

After reflecting on this information and receiving communication from NCSBN, the NCBON recognized the need for strategic incorporation of DEI to strengthen the culture of the organization for the future.

### **Strategy Development**

In mid-2020, the NCBSN contacted the NCBON to inquire whether the NCBON had a published statement on DEI. At the time, the answer was, “no.” However, this inquiry generated further discussion among the organization’s leadership team, resulting in a call to action championed by the Chief Executive Officer (CEO). What should a DEI statement for the organization include? What role should the NCBON play in DEI efforts from a regulatory perspective? The NCBON leadership team had additional conversations regarding how implementation of a DEI program should be explored given that the organization consists of 54 staff members and regulates more than 176000 licensed nurses. The diverse backgrounds, cultures, and experiences of every licensed nurse, student, and stakeholder are important for conversations about incorporating DEI within an NRB.

### **Board Member Input**

The 2020 NCBON election brought the most diverse group of board members in NCBON history. One male and five African American females were elected to join the 14-member board. Additionally, one male



member from the public was appointed by the NC Senate, and one African American female was appointed by the NC Governor. At the most basic level, the individuals who serve on an NRB impact the functions and decisions of the organization. With increased diversity, the NCBON can better achieve its mission by drawing on the perspectives and talents of a broader range of individuals where the diversity of viewpoints which come from different life experiences and cultural backgrounds strengthen deliberations and decision making. When asked to reflect on the diversity at the NCBON, one board member reflected, “diversity at the NCBON is evidenced by the broad representation of race, gender, age, and other socio-economic factors in persons in key roles throughout the organization” (L. Howard, personal communication, March 29, 2022). Furthermore, “having a diverse group of board members increases innovation, engagement, and productivity; all have the opportunity to have their perspectives heard and considered.” This same board member offered the following insight regarding the benefits of serving on a diverse board: “The most rewarding aspect of serving on a diverse board is a feeling of belonging and acceptance regardless of race, gender, and any other socio-economic factors by which people are often judged.” Leveraging the diverse perspectives of the board members during strategic planning discussions proved valuable for envisioning the path for the organization’s DEI journey.

### **Committee Formation**

As essential as it is to have a top-down approach for implementing any new initiative, buy-in throughout the organization is necessary for implementation to be successful (Society for Human Resource Management [SHRM], 2017). Top-level support and long-term commitment are the foundations of change.

The potential for organizational change is unleashed when individuals have a common vision of the future (Fernandez and Rainey, 2017).

Prompted by a heightened societal awareness of DEI issues and the inquiry from NCSBN, the NCBON CEO, board members, and staff leadership team agreed staff would be tasked to begin data collection for information on how best to incorporate DEI into the organization’s current practices and into future planning for the organization. The CEO issued a call to all staff members to solicit volunteers to work on the DEI initiative. Staff who expressed interest in being a part of this process volunteered to form a DEI committee. At the initial committee meeting, staff engaged in meaningful discussion about how the NCBON should embody and promote DEI both as an employer and as an NRB. After this meeting, the committee was divided into two subcommittees to address distinct needs of the NCBON to embrace DEI as an organization. One subcommittee began focusing on the NCBON’s response as an employer and immediately worked on a position statement (Figure 1) and written policy. The other subcommittee focused on the work to begin incorporating DEI into NCBON’s future through the strategic planning process. Due to the nature of these issues in the workplace, the Chief Human Resources Officer worked with both groups throughout the planning process. Both subcommittees conducted literature reviews regarding how other organizations, particularly those with a nexus to healthcare and regulation, addressed DEI.

Part I of this two-part article summarized the initial steps leading to the creation of a NCBON DEI committee. Part II will present information related to the initial work of the committee and next steps identified for ongoing work of the NCBON related to DEI.



## NCBON Diversity, Equity, and Inclusion Position Statement

Our mission at the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.

To support this mission, the Board is committed to providing an inclusive, innovative workplace for all employees reflective of the diverse cultures and backgrounds of the public.



**Figure 1**  
NC Board of Nursing Diversity Equity and Inclusion Logo

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# Diversity, Equity, and Inclusivity:

## The Journey of One Nursing Regulatory Body: Part II

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Chief Executive Officer

## Calling all RNs, LPNs, and CNAs in North Carolina!

Researchers from The University of North Carolina at Chapel Hill and the North Carolina Area Health Education Centers (AHEC) have partnered to conduct a study about the turnover of nursing personnel, and what would keep nursing staff in their jobs and in our state. This study comes at a crucial time in North Carolina nursing, as we

emerge from the COVID-19 pandemic, amidst a nursing shortage and rapidly changing health care environment. The information generated from this study will provide guidance to health care leaders and policymakers to address the future of the nursing and healthcare workforce.

In the coming weeks, you will receive an invitation to participate in an online survey about your perspectives on nursing staff turnover and retention. Please be on the look-out for an email that will be sent to you from "RETAIN" – **Research To Advance Innovations In Nursing** ([RETAIN@unc.edu](mailto:RETAIN@unc.edu)) and consider completing this survey to share your views.

As a member of the nursing workforce, you are part of the largest group of health care workers in the state and beyond. We hope you will join us to bring your voices forward.

Cheryl B. Jones, PhD, RN, FAAN  
Jill Forcina, PhD, RN  
The RETAIN team.



# Accessing 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](http://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:

[Search](#) [Exit](#)

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

**Disciplinary Actions - Last 100** [Download to Excel](#)

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



# CE Opportunities

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO [WWW.NCBON.COM](http://WWW.NCBON.COM) AND LOOK FOR CONTINUING EDUCATION OFFERINGS.

QUESTIONS? EMAIL [PRACTICE@NCBON.COM](mailto:PRACTICE@NCBON.COM)

## Online Bulletin Articles

- Accepting an Assignment (1.0 CH)
- 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)

For more free CE articles, go to [www.ncbon.com](http://www.ncbon.com).

## Nurse Leader Regulatory Orientation

Learn about the functions of the Board of Nursing and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 4.5 contact hours.



Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.

The 2023 sessions are listed below as follows:  
September 7 - in-person      October 11 - virtual

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

Register online at [www.ncbon.com](http://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](mailto: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 Staff Presentations

NCBON Staff are available upon request to provide continuing education presentations regarding nursing practice. To request a presentation, 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.

**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.

**Overview of Nursing Practice Act (NPA) Violations and Investigations - (1.5 CHs) - 1.5 hours** – Provides information regarding the five common NPA violations reported to the Board of Nursing and the five common pieces of evidence gathered during an investigation.

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*Participants must attend the entire offering and submit a completed evaluation to earn contact hours. Verification of participation will be noted by signature on evaluation.*

*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.*





# You Make The Call...

In 2022, the NCBON changed phone systems to improve call quality. Doing so made us recognize the caller experience also needed to be updated. Now using Interactive Voice Response, we are allowing callers to "choose their path" to get their question answered. Extensions and "Dial-By" Directory are no longer supported. Regardless of your choices, we will get you in contact with an NCBON Staff member to answer your questions.

## 1 Applications for Nursing Licenses

For questions about examinations or original licensure process.

## 2 Endorsement

Moving into or out of North Carolina and have questions about your Nurse License?

## 3 Renewal/ Reinstatement

Renewal happens once every two years, so if you're foggy on any details, this is your direction.

## 4 APRN Applications

For questions related to APRN (CNM, NP, CRNA, or CNS) applications (initial, renewal, or reinstatement).

## 5 Criminal Background Check

For questions related to Criminal Background Check (CBC) processes or requirements for Licensure in NC.

## 6 Portal Support

Most of your licensing information can be found within the Nurse Portal. Select this option if you're experiencing issues with the Nurse Portal.

## 7 NAI Listing

The NAI Listing is managed by DHSR and can be contacted at  
**(919) 855-3969**

## 8 NAI Listing

For questions concerning Nurse Aide II listings.

## 9 Repeat the Menu

Listen to the menu options again to see which selection most meets your needs.

## 0 Operator

If your question is unrelated to any of these options or you are unsure whom to contact, speak with our receptionist to get you routed to the appropriate party.

## Staff Directory

If you know the person you are trying to reach directly, you can ask for them via the operator, or check NCBON.com for their direct telephone number.





The next issue of

The logo for 'The Bulletin' features a stylized graphic of four overlapping squares on the left, followed by the word 'The' in a smaller font and 'Bulletin' in a larger, bold font, all in a light green color.

# The Bulletin

will be released in **Fall 2023**

What to expect...

- 2024 Elected Officers and New Members
- NC BON Strategic Plan Update

*“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent.”*

*–Douglas MacArthur*