

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

**January 20, 2017
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on January 20, 2017. Meeting convened at 9:02 a.m.
Presiding	Pat Campbell, Public Member
Members Present	Martha Ann Harrell, Public Member Yolanda Hyde, RN Sharon Moore, RN Frank DeMarco, RN Mary Jones, LPN Lisa Hallman, RN Bob Newsom, LPN Peggy Walters, RN Christina Weaver, RN Carol Wilson, LPN Glenda Parker, RN
Members Absent	Deborah Herring, RN
Staff Present	Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director Gayle Bellamy, Chief Financial Officer Angela Ellis, Chief Administrative Officer Crystal Tillman, Manager, Education and Practice Bobby Lowery, Education and Adv. Practice Nursing Consultant Chandra Graves, Executive Assistant
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified
Consent Agenda	The Consent Agenda be approved as amended deleting Agenda Item C8 2016 4 th Quarter NCLEX Pass Rates. MOTION: That the Consent Agenda be approved as amended. Weaver/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of September 23, 2016 (Board Meeting)• Minutes of September 22, 2016 (Administrative Hearing)• Board Governance Committee

- (a) Summary of Activities
- (b) 2016 Board Assessment Action Plan (FYI)
- Executive Director
 - (a) 2014-2017 Strategic Plan (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) Isothermal Community College – Resolution of NDCO
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Recommended Decisions (Attachment C)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
 - (a) Program Statistics
- Joint Sub Committee
 - (b) NP Compliance Review
- Meetings/Conferences/Liaison Activities

Meeting Agenda	<p>The Meeting Agenda be adopted as amended deleting Agenda Item M21 2016 End of Year NCLEX Pass Rates.</p> <p>MOTION: That the Meeting Agenda be adopted as amended. Jones/Passed.</p>
Open Comment Period	No requests to address the Board.
Finance Committee	Received and reviewed Summary of Activities to include 1 st Quarter Financials. Review of investments as presented by Joe Bryan with Wells Fargo Advisors.
Auditor's Report	<p>Received and reviewed Auditors Report as presented by Sandy Newall of Bernard and Robinson.</p> <p>MOTION: That the Board accept the Auditor's Report as presented. Committee Recommendation/Passed.</p>
Board Assessment Action Plan	<p>Received and reviewed the Board Assessment Action Plan for 2017</p> <p>MOTION: That the Board approve the proposed Board Assessment Action plan for 2017. Committee Recommendation/Passed</p>
Proposed Revisions to Policies	<p>Received and reviewed proposed revisions to policies. (Attachment E)</p> <p>MOTION: That the Board approve the proposed revisions to policies as presented. Committee Recommendation/Passed</p>

- Executive Director Received updates as follows:
- Reviewed the final report from the Foundation for Nursing Excellence.
 - Provided update on closure of ITT Technical Institute. Students are working with Davidson Community College to complete their last semester.
 - Reviewed 2016 Strategic Plan Roadmap Year End Report (FYI).
 - Received and reviewed the 2017 Strategic Plan Roadmap. Brief discussion regarding planning process for the 2018-2021 Strategic Plan.
MOTION: That the Board approve the 2017 Strategic Plan Roadmap Walters/Passed
 - Staff provided update on activities of the Research Committee. Based on the activities and research of the Committee, an Intervention video was developed and recorded. The video will be available on the Board of Nursing website to all Nurse Practitioners, potential Nurse Practitioners and Program Directors.
 - Staff provided update on NC Department of Health and Human Services Prescription Drug Abuse Advisory Committee which focuses on prevention, intervention and treatment of opioid addiction.
- Update on Section .0300, .0120 .0217
Proposed Revisions to 21 NCAC 36 .0806, .0807 and .0809
- Received an update on Section .0300, .0120 and .0217(FYI)
 - Received and reviewed proposed amendments to Rules (Attachment F) as follows:
 - .0806 Annual Renewal
 - .0807 Continuing Education (CE)
 - .0809 Prescribing Authority**MOTION:** That the Board approve proposed revisions to 21 NCAC 36 .0806 Annual Renewal, 21 NCAC 36 .0807 Continuing Education (CE) and 21 NCAC 36 .0809 Prescribing Authority and direct staff to proceed with the rulemaking process.
Parker/Passed.
- Education & Practice
- Received and reviewed summary of activities from the Education and Practice Committee to include proposed Education and Practice Committee Charge presented to the Board for approval.
- External Standardized Examinations Position Statement
- Received and reviewed proposed revisions to Position Statement on Use of External Standardized Examinations. (Attachment G).
MOTION: That the Board approve the NCBON Use of External Standardized Examinations in Nursing Education Programs Position Statement.
Committee Recommendation/Passed.
- Education & Practice Committee Charge
- Received and reviewed proposed Charge to review 21 NCAC 36 .0220 – Refresher Course and recommended changes to the Board.

MOTION: That the Board charge the Education and Practice Committee to review 21 NCAC 36 .0220 – Refresher Course and recommend needed revisions to the Board
DeMarco/Passed.

Status Changes
Related to Annual
NCLEX Results

- Received and reviewed report of Approval Status Changes related to Annual NCLEX Results.
MOTION: That the Board approve the Status Changes related to Annual NCLEX Results as presented.
DeMarco/Passed.

Legal Matters

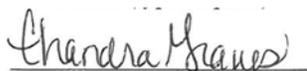
Legislative long session began. Bills in legislation could affect Occupational Licensing Boards, including 93B training.

Adjournment

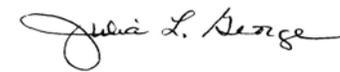
MOTION: 11:30 am Meeting be adjourned.
Wilson/Passed.

Minutes respectfully submitted by:

02/12/2017
Date Submitted


Chandra Graves
Executive Assistant

05/12/2017
Date Approved


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

ATTACHMENT A

EDUCATION PROGRAM ACTIVITY January 2017

Ratification of Full Approval Status

- Craven Community College – ADN and PN
- ECPI Charlotte - PNE
- ECPI Raleigh – PN
- Isothermal Community College – PN
- Region A Nursing Consortium – ADN
- South University – BSN
- Southeastern Community College – ADN and PN

FYI Accreditation Decisions by CCNE (Initial or Continuing – Next Visit)

- Queens University of Charlotte – BSN – Continuing approval with next visit Spring 2026

FYI Accreditation Decisions by ACEN (Initial or Continuing – Next Visit)

- North Carolina A&T University – BSN – Continuing approval with next visit Spring 2022

ATTACHMENT B

The Licensure Review Panel met on July 14, 2016 and submits the following report regarding actions taken:

Reviewed four (4)
candidates for
reinstatement

Melaney D. Barnett, RN #161528

Denied reinstatement; may petition on or after January 1, 2019

Amanda Frances Moore, LPN #77237

Issued probationary license; drug screen; course

ACCEPTED

Jerome David Ciancione, RN #188914

Reinstate single state license

Patricia Grace Fanale, RN #183514

Reinstate single state license

Reviewed one (1)
candidate for
endorsement

Trina Lea Bouseman, LPN Endorsement Applicant

Upon completion of Board's application process for licensure, issue license

Reviewed one (1)
candidate for initial
licensure

Dorothy Tate Fullwood, LPN Exam Applicant

NDCO, Refresher Course within 12 months; Issue license upon completion

ACCEPTED

The Licensure Review Panel met on September 8, 2016 and submits the following report regarding actions taken:

Reviewed 2
candidates for
reinstatement

Andrea Rebecca Wiggins, RN #245699

Chemical Dependency Discipline Program (CDDP) and 2 courses

ACCEPTED

Wendy Baye Patton (Propst), RN #128640

Chemical Dependency Discipline Program (CDDP) and RN Refresher Course

DECLINED

Reviewed 3
candidates for initial
licensure

Jennifer Floyd, RN Applicant

Issued probationary license; drug screen

ACCEPTED

Bryan Michael Fields, LPN Applicant

Issued unencumbered license

Holly Thorpe Robertson, RN Applicant

Issued unencumbered license

Reviewed 2

Lora Grimmatt, LPN #66134

candidates for
request of extension
to complete
probationary
conditions

Extend probation by 12 months but not longer than 24 months; reduce to 4
quarterly reports from 8; lift all conditions but standard 1-9 and no home
health/staffing agency; course
ACCEPTED

Joyce Hodges Smith, RN #117171

Extend probation by 12 months but not longer than 24 months
DECLINED

**The Licensure Review Panel met on October 13, 2016 and submits the following report regarding
actions taken:**

Reviewed 3 candidates
for reinstatement

Ricardo Damien Bell, RN #188103

Reinstate with probationary conditions for 12 months.
ACCEPTED

LeRae Parker Lewis, RN #147710

Reinstate with probationary conditions for 12 months.
ACCEPTED

Timothy Allen Ramsey, Jr., RN #259225

Reinstate with probationary conditions for 12 months. If unsuccessful – out for
24 months.
ACCEPTED

Reviewed 2 candidates
for initial licensure

Latoria A. Davis, Initial RN Applicant

Denied licensure; eligible to reapply in 24 months.

Charlotte Lynn Lewis Hart, RN Endorsement Applicant

Upon completion of Board's application process for licensure, issue license
without conditions.

ATTACHMENT C

The Hearing Committee met on October 27, 2016, received testimony on two (2) cases and submits the following recommendations.

Christopher Alan Pyne, RN #192790 - be suspended for a minimum of twelve (12) months and shall be effective from October 27, 2016.

Susanne Noelle Letchworth, RN #188196 - be suspended for a minimum of twelve (12) months and shall be effective from October 27, 2016.

ATTACHMENT D

TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES BY THE ADOPTION OF THE CONSENT AGENDA

Ratified Probation with Drug Screening:

Jessica Lynn Nagem, RN (Charlotte) – documentation errors; failure to maintain an accurate medical record

Nathan Reid Penny, RN (Davidson) – diversion of drugs

Ratified Issuance of Reprimands:

Michael Thomas Easton, LPN (Hendersonville) – neglect; failure to assess/evaluate

Velvet Jeter, RN (Charlotte) – action in another jurisdiction

Edith Wilkins Lane, RN (Smithfield) – impaired on duty

Evan R. Royals, RN (Raleigh) – action in another jurisdiction

Angel Leigh Shaw, LPN (Clarkton) – diversion of drugs; prescription forgery/fraud

Carolyn Denise Wright, RN (Mount Airy) – action in another jurisdiction

Reprimand with Conditions:

Gbolabo Adetunji, LPN (Holly Springs) – neglect; sleep on duty

John Arnaud, LPN (Indian Trail) – neglect; failure to administer prescribed medications

Scarlet Star Gardner, LPN (Newland) – failure to maintain licensure; practice without a license

Robin Judy Gentry, RN (Smithfield) – exceed scope; performing

Lucinda Lazenby Gray, LPN (Yadkinville) – documentation errors; falsification of medical records

Marcey Protsman Halloran, RN (Winston Salem) – exceed scope; performing

Natasha Marie Hamlett, RN (Yanceyville) – inappropriate interaction with client; physical

Haley Nicole London, LPN (Shelby) – neglect, failure to perform prescribed treatments

Charles William McLaughlin, RN (Lexington) – documentation errors; falsification of medical records

Marie Danielle Nicholson Rogers, RN (Asheville) – documentation errors; falsification of medical records

Brooke Marie Price, LPN (Morganton) – documentation errors; falsification of medical records

Wanda Christine Rakes, RN (Kernersville) – neglect; failure to assess/evaluate

Alicia Emmerth Stanislaw, RN (Lenoir) – failure to maintain licensure; practice without a license

Ratified Suspension:

Jamie Lynn Atkinson, LPN (Selma) – violate conditions imposed by the board

Laurel Barnes, RN (Effingham, SC) – diversion of drugs

Laurel Elizabeth Clary, LPN (Kenbridge, VA) – theft (patient property)

Bobbie Jean Combs, RN (Clarkton) – impaired on duty

Susan Denise Corns, RN (Stoneville) – diversion of drugs

Amy Beth Crabtree, RN (Durham) – diversion of drugs

Christina Lorin Davis, RN (Clayton) – action in another jurisdiction

Derek Gander, RN (Arden) – action in another jurisdiction

Ritchie Holts, LPN (Durham) – violate conditions imposed by the Board

Kelly Sue Ludtke, RN (N. Wilkesboro) – violate conditions imposed by the Board
Marie P. Makela, RN (Leicester) – violate conditions imposed by the Board
Andrea Nicole Oakes-Lewis, RN (Collinsville, VA) – diversion of drugs
Deborah Ann Ohrt, RN (Miami, FL) – fraud; falsification of application seeking licensure
Matthew Preston Pickard, RN (Hendersonville) – child support noncompliance
Jennifer Lynn Wilson, LPN (Robbinsville) – diversion of drugs

Ratified Suspension with Conditions:

Dana Nicole Powell, LPN (Elizabethtown) – neglect; failure to assess/evaluate



Policy #B01
Board Meetings and Administrative Hearings
Area: Governance

AUTHORITY: [G.S. 90-171.23](#); [G.S. 143-318 et al](#); [21 NCAC 36.0110](#)

Policy:

The Board shall hold at least three regularly scheduled meetings a year to transact business that comes within its jurisdiction and shall schedule at least five (5) Administrative Hearings per year. The time and place of meetings shall be presented to the Board at the third regularly scheduled meeting of each calendar year and ~~a copy sent to the~~ **uploaded to the** Secretary of State **electronic calendar**. All regularly scheduled meetings are open meetings and public notice shall be posted on the Board's website with date, time and place of each regular scheduled meeting. Change in the schedule of regular meetings shall be made no less than three (3) days of the scheduled meeting date and the new date, time and place of such meeting shall be published on the website.

Conference **telephone** call and electronic meetings of the board are official meetings and as such require public notice and direction for accessing the meeting. Special or emergency meetings of the Board are called by the Chair, the Vice Chair in the absence of the Chair, the Executive Director, or by written request to the Chair from any five members of the Board. Only business designated in the call to meeting shall be conducted during a called meeting. Notice of such meetings shall be given with at least 5 days notice.

Board meetings shall be recorded as minutes disseminated to Board members and retained by the Board office.

Between meetings of the Board, the Chair may submit any matters, which in his/her opinion require immediate action, to each member of the Board by using a Standardized **Referendum Form**. The preferred method for **submission of the mail response to the** referendum is **completion of the referendum on the Board Member SharePoint email**; however, **an email**, fax, USPS or hand delivered statement indicating the Board members' approval or disapproval will be accepted. Action based on the majority vote shall be ratified at the next regularly scheduled meeting of the Board.

The most recent edition of Robert's Rules of Order Newly Revised and the Standing Rules for Meetings of the Board (attached) shall guide proceedings of meetings of the Board in all cases not provided for in any policies and procedures or any special rules of order which are duly adopted by the Board.

A quorum of the Board must be present to transact Board business and to proceed with an Administrative Hearing. If the number of convened members drops below a simple majority at any time during the meeting, the quorum is lost and the Board shall not conduct official business until a



Policy #B01
Board Meetings and Administrative Hearings
Area: Governance

quorum is reconvened. Once established, the recusal or abstention of one or more Board members in attendance at the meeting does not break the quorum. In such a case, a simple majority of the remaining voting members governs the vote's outcome.

Administrative Hearings:

The Chair of the Board shall act as presiding officer. The presiding officer is responsible for presiding over the hearing and for leading the discussion during closed sessions while deliberating on the outcomes of cases presented. In the absence of the Chair, the presiding officer role shall be the Vice Chair. In the absence of both the elected Chair and Vice Chair at a meeting(s) of the Board, the Executive Director shall appoint the most senior Board member to fulfill the duties for the designated meeting(s).

Board members are responsible for listening attentively; reviewing evidence introduced at the Hearing; deliberating on the information presented; and, arriving at a fair and objective decision based on evidence presented.

The Administrative Law Counsel validates the Final Decision and Order which is sent to the licensee within 20 business days of the Administrative Hearing.

Procedure:

Development Submission, and Reporting of Mail-Referendums:

1. Information required for conducting a mail/email referendum shall include, but may not be limited to, the following:
 - a. Brief summary of the purpose of the Mail-Referendum;
 - b. Supporting documentation (as indicated);
 - c. Recommendation to the Board; and,
 - d. Deadline date for receipt of response
2. The Manager, Executive Office Chief Administrative Officer will post email the mail referendum on the Board Member SharePoint. An email will be generated to all Board members alerting them of the referendum along with the deadline for submission.
3. On the deadline date, the Manager, Executive Office Chief Administrative Officer will follow up with any Board members who did not respond to the mail referendum.
4. Once all Board member responses are received, the Manager, Executive Office Chief Administrative Officer will collate the results and notify the Chair and staff liaison.
5. The results of the mail referendum will be reported to the full Board at its next scheduled Board meeting.

Attachments:



Policy #B01
Board Meetings and Administrative Hearings
Area: Governance

[Standing Rules for Meetings of the Board](#)



Policy #B02
Officers of the Board
Area: Governance

AUTHORITY: [G.S. 90-171.22](#); [G.S. 90-271.23](#)

Policy:

Elections for the Chair and Vice Chair of the Board shall be held annually at the 3rd regularly scheduled meeting. Officers shall be for a term of one calendar year and shall serve until their successors have been elected. No officer of the Board shall serve more than two (2) consecutive years as Chair or two (2) consecutive years as Vice-Chair. Further, a minimum of two (2) years Board experience is required in order to be considered as a candidate for the Chair position.

The Chair of the Board:

- presides at all Board meetings;
- is a voting member of any committee to which he/she is assigned and is an ex-officio member without vote on any other committee of the Board;
- appoints special committees;
- establishes a proposed agenda in consultation with the Executive Director for meetings of the Board;
- serves as Chair of the Ad Hoc Committee for Executive Director Performance Annual Evaluation
- monitors performance of Executive Director, legal counsel and financial auditor and provides feedback on an on-going basis;

The Vice-Chair of the Board:

- serves in the absence of the Chair;
- serves as Chair of the Board Governance Committee;
- serves on the Ad Hoc Committee for Executive Director Performance Evaluation; and,
- fulfills duties of the Chair until the next regularly scheduled election, in the event that the Chair is unable to complete the term of office.

In the absence of both the elected Chair and Vice Chair at a meeting(s) of the Board, the Executive Director shall appoint the most senior Board member¹ to fulfill the duties for the designated meeting(s). In the event of equal service, appointment will be determined by lot. The appointed Board member must have a minimum of two (2) years Board experience in order to be appointed as Chair. The appointed Chair shall work with the Executive Director, Manager, Executive Office Chief Administrative Officer and/or Staff Liaison while serving for a specified period of time and shall:

- preside at the designated meeting(s) as directed;
- serve until Chair or Vice Chair is able to resume duties; and,
- ensure the proper functioning of the work of the Board.

¹ Senior denotes longevity of service within the past eight (8) years



Policy #B03
Committee and Chair and Committee Appointments
Area: Governance

AUTHORITY: Board of Nursing, and 21 NCAC

Policy:

Committee appointments (*excludes Nominating Committee and Ad Hoc Committees*) of the Chair and committee members shall be made annually by the Board Chair in collaboration with the Vice Chair and Executive Director. Board members that are continuing service for the next calendar year will complete the Committee preference survey posted to their secured MyBoardSpace. Newly elected members who will be taking office at the January Board meeting will be assigned Committees. Consideration will be given to member preferences, individual's interest in leadership, their skills, experiences, fair distribution of workload among Board members as well as the primary committee purpose, membership requirements and level of consistency needed to sustain the on-going work of the committee. Selections shall reflect the diversity of representation on the Board.

~~Board Chair~~ Chief Administrative Officer shall contact and confirm all Committee Chair and member appointments. ~~The Manager, Executive Office, will notify remaining members of their committee appointments.~~ Members shall formally confirm their acceptance of committee appointment(s) by written electronic response no later than October 15th each year.



Policy #B04
Removal of Board Members
Area: Governance

AUTHORITY: [G.S. 90-171.21 \(f\)](#)

Policy:

Neglect of duty, incompetence, or unprofessional conduct are grounds for removal of a Board member.

Examples of neglect of duty (without justification) includes failure to: may include, but are not limited to, the following:

- failure to attend without justification two consecutive, regularly scheduled Board or Committee meetings to which appointment was accepted.
- consistently fails to respond to mail referenda.
- consistently fails to respond to communication from the Chair, Executive Director or Board Staff, without justification.
- failure to comply with the Board Member Code of Conduct/Job Description; and,
- failure to comply with the qualifications for the specified Board member position set out in law and rules.

A Board member whose behavior may be cause for removal will be allowed an opportunity to present his/her case to the Board.

The Board Chair, or Vice Chair if the Board Chair is the subject of the complaint, Executive Director and General Counsel will initially review any complaints related to a Board member's fulfillment of duties. The Board Chair or General Counsel shall make recommendations for action to the full Board as deemed appropriate. Removal from office will require a two-thirds (2/3) vote of the full Board.

A member whose behavior may be cause for removal shall have an opportunity to present his/her case to the Board prior to a final decision. **Note: paragraph revised and moved below examples of neglect of duty.**

A member shall resign their seat on the Board if unable to fulfill their responsibilities.



Policy #B05
Conflict of Interest
Area: Governance

AUTHORITY: [Chapter 138A State Government Ethics Act](#); [NC State Ethics Commission](#) and [NC Board of Nursing Code of Conduct/Job Description](#)

Policy:

The Chair shall read the [Ethics Awareness and Conflict of Interest Statement](#) at each Board meeting. Board member(s) shall make known any conflict or the appearance of conflict and complete the [Recusal Form](#) identifying the specific agenda item of issue. If necessary, the final determination of a conflict or appearance of conflict will be made by the Board's attorney.

If a Board member identifies a conflict or appearance of conflict, the Board member shall refrain from any participation in the particular matter. The Board member may remove themselves from the room or to the designated audience seating of the meeting room, if one exists. The Board member shall not participate in any discussion, deliberation or vote of the matter for which they identify a conflict of interest.



Policy #B06
Conference Attendance
Area: Governance

Authority: Board of Nursing

POLICY:

The Board shall support each Board member's attendance as a representative of the North Carolina Board of Nursing at a national or regional conference at least one time during each four-year tenure of service. Member shall complete a Conference Request Form each calendar year. Restraints considered when selecting Board member travel include projected overall operating expenses of Board and meeting location. Executive Director and Board Chair will select all Board member attendees as budget allows.

Specific Meetings/Conferences:

A. NCSBN Delegate Assembly (usually held in August):

1. Annual budget will include support for Board members, in addition to Delegates, to attend Delegate Assembly.
2. Delegates, one of whom shall be a Board Member, will be chosen by Executive Director and Board Chair.

B. Mid-year NCSBN Meeting (usually held in early March):

1. Annual budget will include support for Board members to attend mid-year meeting.
2. The Board member delegate to NCSBN Delegate Assembly shall, when possible, be one of the Board member attendees.

C. CLEAR Annual Conference (usually held in September):

1. Annual budget will provide support for Board members to attend.

D. Other Meetings/Conferences/Workshops

1. Individual Board members may request to attend special conferences or meetings in which the topics/content relates to current or future Board activities. The Executive Director, in collaboration with the Board Chair, will act on such requests.
2. Requests to attend any training workshops or programs directly related to one's role as a Board member will be considered by the Executive Director in collaboration with the Board Chair.

URL addresses for each meeting shall be included in the Board packet at the next scheduled Board meeting to provide all members with conference information.



Policy #B07
Executive Director Performance Evaluation
Area: Governance

AUTHORITY: North Carolina Board of Nursing

Policy:

The Ad Hoc Committee for the Performance Evaluation of the Executive Director shall facilitate the Board's completion of the Executive Director Performance Evaluation on an annual basis.

Procedure:

Evaluation Process:

1. The Ad Hoc Committee for the Performance Evaluation of the Executive Director seeks input regarding the Executive Director's job performance from all Board members and, if needed, key external stakeholders and Board staff to include direct reports of the Executive Director.
2. Executive Director submits to the Ad Hoc Committee:
 - a. major program goals containing a current progress report;
 - b. accomplishments for the current year along with annual report;
 - c. proposed program goals for the upcoming year; and
 - d. self-evaluation.
3. External Vendor:
 - a. All of the above evaluation documents are submitted electronically to a confidential site maintained by an external source.
 - b. Numeric ratings and comments are compiled externally by the vendor and sent directly to the Board Chair and Executive Director.
4. Board Chair:
 - a. presides over the Ad Hoc Committee meeting(s);
 - b. ensures open dialogue, fairness and equity in all matters related to the performance evaluation of the Executive Director;
 - c. presents a summary of results of the Executive Director's annual performance evaluation to the full Board and recommends a level of merit incentive to the full Board for consideration and action.
 - d. prepares confidential merit incentive form and gives directly to the Finance Director.
 - e. conducts evaluation conference with Executive Director.
 - f. seals signed evaluation in confidential envelope and gives the secured envelope directly to Human Resources for retention purposes.

Ad Hoc Committee Members:

1. Reviews the Executive Director's performance evaluation system, position description and evaluation criteria to ensure relevancy and alignment with the Board's mission, visions, values and strategic plan;
 2. Develop the timeline for the annual performance evaluation of the Executive Director;
 3. If needed, identify three (3) external stakeholders from whom to solicit input regarding the Executive Director's job performance.
-

Approved:

Revised: 8/2014, 9/25/2015



Policy #B07
Executive Director Performance Evaluation
Area: Governance

4. Establish goal of 100% participation of Board members in the ED evaluation process.

Note: Executive Director may discuss the results of the annual evaluation with the full Board



Policy #B08
Board Orientation
Area: Governance

AUTHORITY: North Carolina Board of Nursing

Policy:

The Board Governance Committee shall organize and implement an orientation program for all newly elected/appointed Board members, incoming Chair/Vice-Chair and Committee Chairs on an annual and as needed basis. Annually, in January, all members shall attend the Board **Member** Symposium which provides an orientation and comprehensive overview of the governance and board operations, as well as, identifying issues and potential resolutions of Board matters for the upcoming year. Selected **mentors** are assigned to a new member and shall meet with him/her prior to their first official meeting to review the agenda and provide a brief orientation as to what to expect. **Throughout their first year, mentors meet with new members prior to and after each Board meeting and Administrative Hearing maintain availability to new members throughout their first year to address or clarify any questions.**

Prior to taking office the newly elected Board members are encouraged to attend the following:

- September Board meeting
- At least one (1) Administrative Hearing or Hearing Committee
- Board Planning Retreat (if scheduled)
- Board Member Orientation (usually held in **December September**)
- One (1) Licensure Review Panel meeting
- Meeting of assigned Committee

The Board Member SharePoint serves as one of the primary modes of communication between Board members and staff. **By the end of the calendar year During orientation**, prior to taking office, new members shall receive access to the secured Board Member SharePoint which contains resource and reference materials that will help guide members during their tenure on the Board. In addition, members are assigned a secured MyBoardSpace which serves as their workspace for Board business. This includes:

- Mandate, Mission and Vision Statements, Nursing Practice Act
- Strategic Plan and Update of Activities
- Board Member Values Statement
- Board Member Code of Conduct – Job Description
- Board Policies
- Board Member Expectations
- Board Assessment Tool
- Committee Profiles
- Standing Rules
- Board meeting minutes from previous calendar year
- Organizational Chart

Approved: 12/15/2005

Revised: 1/2012, 9/25/2015



Policy #B08
Board Orientation
Area: Governance

- Schedule of Meetings for next Calendar Year

Incoming Chair and Vice-Chair shall be provided a Chair Manual and oriented on the roles and responsibilities of their respective offices to include, but may not be limited to:

Incoming Chair:

1. Meeting(s), as needed, with Executive Director and ~~Manager, Executive Office Chief~~ Administrative Officer;
2. Attendance at identified meetings/workshops; and,
3. Meeting(s) as needed with Outgoing Chair

Incoming Vice-Chair:

1. Meeting(s), as needed, with Executive Director and ~~Manager, Executive Office Chief~~ Administrative Officer;
2. Attendance at identified meetings/workshops;
3. Attendance of last calendar meeting of Board Governance Committee; and,
4. Meeting(s), as needed, with Outgoing Vice-Chair

Incoming Committee Chairs:

1. Attendance of pertinent Committee meeting(s) during the last quarter of the calendar year if the member has not previously served on the assigned Committee;
2. Participation, as needed, in Committee Chair Orientation session; and,
3. Meeting(s), as needed, with Outgoing Committee Chair, Executive Director and Staff Liaison.



Policy #B09
Compliance with ~~State Government Ethics Act~~
Chapter 93B Occupational Licensure Boards and
Chapter 138A State Government Ethics Act
Area: Governance

AUTHORITY: **Chapter 93B Occupational Licensing Boards;** [Chapter 138A State Government Ethics Act](#)

Policy:

All members of the NC Board of Nursing shall exercise their authority honestly and fairly, free from impropriety, threats, favoritism, and undue influence.

Procedure:

1. Elected and appointed members of the Board of Nursing shall file a Statement of Economic Interest (SEI) prior to the beginning of each member's term of office and no later than April 15th for each succeeding calendar year of his/her term of office. **Chief Administrative Officer, who serves as the Board's Ethics Liaison, will provide incoming members information related to completion of the SEI requirement.**

Note: Failure to file or falsification of the required SEI form will result in fines issued by the NC State Ethics Commission.

2. Information related to the SEI form and deadlines for submission will be provided each year in January **by the Chief Administrative Officer** and posted on the Board Member SharePoint for reference.
3. Elected and appointed members of the Board of Nursing are required to participate in **both** an ethics presentation **and training outlined in Chapter 93B-5(g)** within six (6) months of their taking office and to remain current as required by law. **The Manager, Executive Office Chief Administrative Officer** will provide Board members with information related to ~~the education program schedule~~ **all required training** upon election, re-election, appointment or re-appointment.
4. The Chair shall read the Ethics Awareness and Conflict of Interest Statement at the beginning of all Committee and Board meetings. Board members shall complete the electronic Recusal Form and avoid participation in any matter where there is an identified conflict or appearance of conflict. All Recusal Forms will be maintained with the official minutes of the meeting.



Policy #B09
Compliance with ~~State Government Ethics Act~~
Chapter 93B Occupational Licensure Boards and
Chapter 138A State Government Ethics Act
Area: Governance

5. ~~Manager, Executive Office Chief Administrative Officer~~ will work with the NC State Ethics Commission ~~and General Counsel~~ to ensure Board Member compliance with all training requirements.

Attachments:

~~[Conflict of Interest Form](#)~~ Ethics Awareness and Conflict of Interest Statement
Recusal Form



Policy #B10
Selection of Executive Director
Area: Governance

AUTHORITY: [GS 90-171.23 \(b\) \(4\)](#)

Policy:

To ensure that the operations of the Board remain fluid and uninterrupted in the event of the departure or incapacity of the Executive Director of the NCBON, the Associate Executive Director- Practice, Regulation and Education, and the Associate Executive Director– Operations shall share joint responsibility for office operations, as designated, until the Chair of the Board of Nursing appoints an Interim Executive Director replacement. The current Executive Director shall ensure that procedures are in place to facilitate a fluid and uninterrupted transition in the event of his/her departure or incapacity.

The Chair, in consultation with the Executive Director, as appropriate, shall designate a person to serve as an interim Executive Director in the event of the Executive Director's departure or incapacity. Current members of the Board of Nursing may not be a candidate to serve as Executive Director or Interim Executive Director without first resigning from the Board.

The Chair shall appoint a Search Committee to fill the Executive Director position. No member of the Search Committee shall be a candidate to serve as Executive Director:

Committee Composition:

- A minimum of three (3) Board members with at least one (1) of whom is a licensed nurse;
- Board staff; and
- External stakeholder representatives.

Committee Charge:

- Identifying the qualifications of prospective candidates;
- Identifying or assisting in the identification of prospective candidates;
- Interviewing selected prospective candidates; and
- Making a recommendation for a successor Executive Director to the Board of Nursing for selection.

Resource Documents:

- NCBON strategic plan, strategic initiatives, and mission and vision statements.
- Audited Financial Statements for the previous three (3) years.
- Executive Director position description (which includes qualifications).
- Executive Director recruitment compensation information.



Policy #B10
Selection of Executive Director
Area: Governance

- Relevant North Carolina Board of Nursing governance policies, procedures, and guidelines relating to the roles and responsibilities of the NCBON Board and its Executive Director.

Responsibilities:

- Meet with staff (as appropriate);
- Develop a recruitment/selection timeline;
- Review resource documents;
- Prepare a proposed budget for review and approval by the Board which includes hiring a search firm, finders fees, the scope of search; Search Committee meetings including travel expenses; and relocation expenses and other expenses related to the selection of a successor Executive Director.
- Determine the need for additional members to be added to the search committee;
- Interview qualified applicants from the pool of candidates as deemed appropriate;
- Present recommended candidate(s) to the full Board.
- Determine other steps as necessary.

The Board of Nursing makes the final selection and hires the Executive Director.



Policy #B11
Strategic Planning
Area: Governance

AUTHORITY: NC Board of Nursing

Policy:

The full Board shall develop and adopt a Strategic Plan at least every four (4) years and a Strategic Plan Roadmap annually. At each Board meeting, members will receive a Strategic Plan Roadmap progress report for review and discussion.

Strategic initiatives and objectives shall be reviewed annually to assure objectives correspond to environmental conditions. Requested changes to the Strategic Plan that occur outside the normal cycle will be considered for discussion at the next scheduled Board meeting with a statement of rationale for a proposed change, a fiscal impact analysis and, if pertinent, legal review.

Procedure:

1. Staff will conduct an environmental scan, including member input, for consideration in the development of Strategic Plan initiatives and objectives.
2. A Strategic Plan Review Committee may be convened by the Executive Director to review results of the environmental scan and other pertinent information in preparation of the development of the Strategic Plan initiatives and objectives. Membership on the Review Committee will be at the discretion of the Executive Director.
3. Staff will present initiatives and objectives to the full board for consideration in the development of a Strategic Plan at least every four (4) years and for developing a Strategic Plan Roadmap annually.



Policy #B12
Annual Board Assessment and Evaluation
Area: Governance

AUTHORITY: NC Board of Nursing

Policy:

Four (4) assessment/evaluation tools are used for evaluating the Board on **an** annual basis to collect feedback regarding Board members' effectiveness in carrying out their roles, responsibilities and to identify areas for improvement. These tools include:

1. Board Assessment:
 - a. Board Assessment Tool is administered electronically in October and the results are reviewed by Board staff to identify key issues or areas to address. A Draft Board Assessment Action Plan is developed and presented to the Board Governance Committee in December.
 - b. Board Assessment Action Plan is presented to the full Board in January **for approval.**
 - c. **Board Assessment Action Plan is updated and provided to the full Board in May and September.**

2. Board Chair Assessment:
 - a. Board Chair Assessment **posted to Board members MyBoardSpaces is emailed to Board members** at each scheduled Board meeting (January, May, and September). Results of the Assessment are compiled by the Administrative Coordinator and emailed to Chair for review.

3. 360 Evaluation Tool:
 - a. Call for participation in the 360 Evaluation initiated annually in November.
 - b. Board members request feedback from select individuals to include, but may not be limited to the following:
 - Fellow Board Members
 - Executive Director
 - Senior Leadership (as identified by the Executive Director)
 - Staff Liaisons
 - Other stakeholders external to the Board
 - c. **Manager, Executive Office Chief Administrative Officer** distributes electronic survey for feedback.
 - d. Upon completion of all surveys, Board member receives confidential summary report.

4. Semi-Annual Debriefing:



Policy #B12
Annual Board Assessment and Evaluation
Area: Governance

- a. Administered annually in June and December
- b. Results of the debriefings are presented to the Board Governance Committee



Policy #B13
Philosophy
Area: Governance

AUTHORITY: NC Board of Nursing

Policy:

The Board assumes collective responsibility for building unity and creating a positive organizational culture. The Board will strive to:

- Keep the organization focused on its mission;
- Communicate a common vision;
- Operate openly, with trust and integrity;
- Govern in a respectful and professional manner, treating everyone with civility and respect;
- Govern within applicable federal and state laws, regulation, and Board adopted policies and procedures;
- Take collective responsibility for individual and overall Board's performance; and,
- Face each problem and challenge with a potential solution and expect the same of staff.

Each individual Board member shall be responsible for adhering to the Board Member Code of Conduct/Job Description.

The Board will periodically evaluate its effectiveness and that of the Executive Director in regard to these standards.

ATTACHMENT F

1 21 NCAC 36 .0806 is proposed for amendment as follows:

2

3 **21 NCAC 36 .0806 ANNUAL RENEWAL**

4 (a) Each registered nurse who is approved to practice as a nurse practitioner in this state shall annually renew
5 each approval to practice with the Board of Nursing no later than the last day of the nurse practitioner's birth
6 month by:

7 (1) Maintaining current RN licensure;

8 ~~(2)~~ Maintaining certification as a nurse practitioner by a national credentialing body identified in
9 21 NCAC 36 .0801(8);

10 ~~(2)(3)~~ Submitting the fee required in Rule .0813 of this Section; and

11 ~~(3)(4)~~ Completing the renewal application.

12 (b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice
13 as a nurse practitioner shall lapse.

14

15 *History Note: Authority G.S. 90-8.1; 90-8-2; 90-18(14) 90-171.23(b); 90-171.83;*

16 *Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;*

17 *Amended Eff. February 1, 2017; December 1, 2009; November 1, 2008; August 1, 2004.*

ATTACHMENT F

1 21 NCAC 36 .0807 is proposed for amendment as follows:

2

3 **21 NCAC 36 .0807 CONTINUING EDUCATION (CE)**

4 In order to maintain nurse practitioner approval to practice, the nurse practitioner shall earn 50 contact hours
5 of continuing education each year beginning with the first renewal after initial approval to practice has been
6 granted. At least 20 hours of the required 50 hours must be those hours for which approval has been granted
7 by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical
8 Education (ACCME), other national credentialing bodies or practice relevant courses in an institution of higher
9 learning. Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the
10 total required continuing education (CE) hours annually consisting of CE designed specifically to address
11 controlled substance prescribing practices, signs of the abuse or misuse of controlled substances, and
12 controlled substance prescribing for chronic pain management. Documentation shall be maintained by the
13 nurse practitioner for the previous five calendar years and made available upon request to either Board.

14

15 *History Note: Authority G.S. 90-5.1; 90-8.1; 90-8.2; 90-14(a)(15); 90-18(14); 90-171.23(b)(14); 90-171.42;*
16 *2015 Session Law 12F;*
17 *Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;*
18 *Amended Eff. February 1, 2017; December 1, 2009; April 1, 2008; August 1, 2004.*

1 21 NCAC 36 .0809 is proposed for amendment as follows:

2
3 **21 NCAC 36 .0809 PRESCRIBING AUTHORITY**

4 (a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the
5 administration of medications.

6 (b) Prescribing and dispensing stipulations are as follows:

7 (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site
8 shall be included in the collaborative practice agreement as outlined in Rule .0810(b) of
9 this Section.

10 (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal
11 Controlled Substances Acts may be procured, prescribed or ordered as established in the
12 collaborative practice agreement, providing all of the following requirements are met:

13 (A) the nurse practitioner has an assigned DEA number which is entered on each
14 prescription for a controlled substance;

15 (B) ~~dosage units for schedules II, IIN, III, and IIIN are limited to a 30 day supply;~~
16 Refills may be issued consistent with Controlled Substance Law and Regulation;
17 and

18 (C) the supervising physician(s) must possess the same schedule(s) of controlled
19 substances as the nurse practitioner's DEA registration.

20 (3) The nurse practitioner may prescribe a drug or device not included in the collaborative
21 practice agreement only as follows:

22 (A) upon a specific written or verbal order obtained from a primary or back-up
23 supervising physician before the prescription or order is issued by the nurse
24 practitioner; and

25 (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be
26 entered into the patient record with a notation that it is issued on the specific
27 order of a primary or back-up supervising physician and signed by the nurse
28 practitioner and the physician.

29 ~~(4) Refills may be issued for a period not to exceed one year.~~

30 ~~(5)~~(4) Each prescription shall be noted on the patient's chart and include the following
31 information:

32 (A) medication and dosage;

33 (B) amount prescribed;

34 (C) directions for use;

35 (D) number of refills; and

36 (E) signature of nurse practitioner.

37 ~~(6)~~(5) Prescription Format:

ATTACHMENT F

1 (A) all prescriptions issued by the nurse practitioner shall contain the supervising
2 physician(s) name, the name of the patient, and the nurse practitioner's name,
3 telephone number, and approval number;

4 (B) the nurse practitioner's assigned DEA number shall be written on the prescription
5 form when a controlled substance is prescribed as defined in Subparagraph
6 (b)(2) of this Rule.

7 ~~(7)(6)~~ A nurse practitioner shall not prescribe controlled substances, as defined by the State
8 and Federal Controlled Substances Acts, for the nurse practitioner's own use or that of a
9 nurse practitioner's supervising physician; or that of a member of the nurse practitioner's
10 immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or
11 daughter-in-law, brother or sister-in-law, step-parent, step-child, step-siblings, or any
12 other person living in the same residence as the licensee; or anyone with whom the
13 nurse practitioner is having a sexual relationship or has a significant emotional
14 relationship.

15 (c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples
16 included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and
17 dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including
18 subsequent amendments of the referenced materials.

19
20 *History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14);*
21 *Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004;*
22 *Amended Eff. February 1, 2017; December 1, 2012; April 1, 2011; November 1, 2008;*
23 *August 1, 2004.*



USE OF EXTERNAL EXAMINATIONS IN NURSING EDUCATION PROGRAMS

POSITION STATEMENT

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

NCBON does not support the use of any external examination that is used as a gatekeeper for progression or graduation. Schools can include performance on an external exam as part of a final course grade; however, the score should not count as an all-or-none scale for meeting or failing to meet a specific predetermined criterion. If an external exam is utilized in grading, the external exam should count no more than 10% of the grade and the assignment of points is on a sliding scale based on performance on the examination.

Note:

The Position Statement for the use of external examinations/standardized tests is not currently mandated by law and has been developed consultatively to assist program directors who utilize external examinations/standardized tests in the nursing curriculum to assess student knowledge and target appropriate student remediation. (Pending Rule 21 NCAC 36.0321(p) addresses use of external examination in regulation.)

Approved: 1-2011



USE OF EXTERNAL STANDARDIZED EXAMINATIONS IN NURSING EDUCATION PROGRAMS

POSITION STATEMENT
for RN and LPN Practice

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue: The NCBON does not permit the use of any academic external standardized examinations as a determinant or “gatekeeper” for student course progression nor for program completion or graduation from a nursing education program.

External standardized examinations are defined as commercially available standardized predictive tests that provide individual student scores that are linked to a probability of passing the NCLEX examination.

External standardized examinations are primarily intended for remediation purposes. Although external standardized examinations can be used to assist students in the development of skills by identifying areas of knowledge deficits, assessing student critical thinking skills, and predicting individual student potential for academic success through testing, the primary purpose is for remediation. Research has shown that while predictive tests often work well in identifying high-performing students who are likely to pass the NCELX examination, they are much less precise in identifying the likelihood of failure.

Nursing education programs may include performance on an external exam as part of a final course grade; but it may count no more than 10% of the grade and the assignment of points must be on a numerical scale based on performance on the examination. The external standardized examination score may never be used as a “pass/fail” for meeting or failing to meet a specific predetermined criterion.

References:

21 NCAC 36.0321(p)

Approved: 1/2011
Revised: TBD