



The Bulletin

The Official Publication of the North Carolina Board of Nursing.

 **NCBON**

**BOARD MEMBER
ELECTION**

13 white stars arranged in three rows: 7 in the top row, 6 in the middle row, and 2 in the bottom row.

Equity. Integrity. Agility.



The Bulletin

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

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PhD, RN

Chief Executive Officer

Crystal Tillman
DNP, RN, CPNP, PMHNP-BC, FRE

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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.

IN THIS ISSUE

Message from the CEO

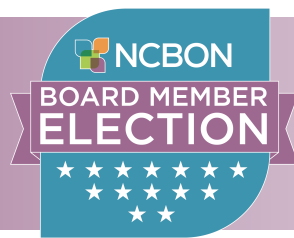
Regulatory Report: A Snapshot in Time

Message from the Board Chair

NCBON May Board Business Meeting

NCBON Presentations for Students

**2025 Board Member Election
Slate of Candidates**



Phone Scams

Nursing Rules Roundup

ARTICLE

**Workplace Violence:
A Growing Concern**

Q&A CORNER

APRN	<i>Does the NCBON have any FAQs for CRNAs?</i>
Compliance	<i>What is the Discipline Program for Nurses in Recovery?</i>
Education	<i>What does program status mean for nursing education programs?</i>
Investigations	<i>Could you be practicing without a nursing license?</i>
Licensure	<i>What are the NCBON's requirements for a multistate license?</i>
Practice	<i>What scope of practice resources are provided by the NCBON for the RN/LPN?</i>





Crystal L. Tillman
Chief Executive Officer

message from the

CEO

"The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly." –Jim Rohn

Nurses are compassionate leaders focused on doing what is right for the patient, while keeping health systems responsive in the ever-changing healthcare environment. As we look towards the future in healthcare and nursing regulation, the selection of the NCBON's Board Members is in the hands of each licensed nurse in NC! As you review the statements from each candidate for the RN-PN Educator, RN-At-Large, and LPN seats, reflect on the primary duties of being a public servant. These are the duty of care, loyalty, and obedience.

The duty of care is "the level of competence that is expected of a board member and is commonly expressed as the care that an ordinarily prudent person would exercise in a like position and under similar circumstances" ([Board Source, 2025](#)). The duty of loyalty is "to put the interest of the organization before their own personal and professional interests" (Board Source, 2025). The duty of obedience is to "comply with the applicable federal, state, and local laws, adhere to the organization's bylaws and policies, and serve as guardians of the organization's mission" (Board Source, 2025).

The 2025 Slate of Candidates for open Board Positions is provided on pages 10 to 21. Voting is open from July 1st to August 15th. To vote, log into the [Nurse Portal](#). As you review the slate of candidates, focus on our mission "to protect the public by regulating the practice of nursing."

The 2025 Legislative Session has been busy so far! I have a team that monitors legislative activities that could impact nursing and nursing regulation. We are monitoring over 89 bills and have provided comments to legislators about the impact of some of these bills. If legislation is passed that will impact nursing regulation, we will share this information on social media and via email. Please make sure your contact information is up to date with the NCBON!

In the coming months, we will begin our next strategic planning process. The current Strategic Plan Initiatives and Objectives are outlined [HERE](#). We look forward to sharing our 2026 to 2029 Strategic Plan during the January 2026 Board Meeting.

Sincerely,

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





Regulatory Report: *A Snapshot in Time*

The Regulatory Report supports the NCBON's Mission, Vision, and Values

MISSION	Protect the public by regulating the practice of nursing
VISION	Exemplary nursing care for all
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
<i>Data reflects regulatory activities for January through March 2025</i>	

Dr. Crystal Tillman presented the CEO Regulatory Report at the May 22nd Board Business Meeting. The report provides data regarding the activities of the full Board which support the Board's Mission, Vision, Values, and Strategic Plan. To view the CEO's report from the May Board Meeting, visit our YouTube channel at <https://ncbon.info/regsnapshot>.

NURSING STATISTICS

**NEW REPORTS NOW
AVAILABLE!**

**Education
Statistics**

The NCBON collects data on NC Pre-Licensure Nursing Education and Nurse Aide II Programs (click on the button to the left).

**Licensure
Statistics**

Up-to-date Licensure Statistics such as employment settings, highest degree earned, and more. These data can be located in the licensure statistics section (click on the button to the left).

message from the

Board Chair



Racquel Ingram
Board Chair

Dear Newly Licensed Nurses,

As NC BON Chair, I welcome you to the nursing profession! Congratulations on completing your nursing studies and successfully passing the NCLEX. Some of you have already secured positions, while others are actively seeking opportunities at organizations that align with your goals and values.

You have now transitioned from the structured environment of nursing school, where nursing professors previously provided direct supervision, to working alongside seasoned nurse preceptors in real-world clinical settings. This shift can feel simultaneously exciting AND overwhelming as you navigate your new role as a licensed nurse. Note that it is natural to feel uncertain about making clinical decisions independently as a newly licensed nurse, especially since you are no longer in the familiar academic environment with direct support from nursing faculty.

As you embark on this rewarding journey, I offer the following three fundamental nuggets to aid in your success: Embrace Asking Questions, Adopt a Lifelong Learner Mindset, and Trust the Transition Process.

Embrace Asking Questions

Never hesitate to ask questions! Doing so is a sign of wisdom, not weakness. Furthermore, you have access to an incredible network of resources designed to support your success. This network includes experienced nurse preceptors who understand your journey, other seasoned colleagues who are experts in their specialties, clinical educators dedicated to your growth, and comprehensive electronic resources provided by your organization. Each question you ask strengthens your practice and ultimately benefits both you and your current and future patients.

Adopt a Lifelong Learner Mindset

While you are now a licensed nurse who has met all educational and examination requirements, recognize that you are in the early stages of a lifelong learning journey. Your entry-level skills provide a strong foundation, but true proficiency and competence develop over the years through experience, reflection, and continuous education. Approach each patient encounter with curiosity and openness to new knowledge. Do not think that you must function as a know-it-all to gain approval as a newly licensed nurse. Completing your nursing studies and successfully passing the NCLEX is the only approval needed at this point!

Trust the Transition Process

Remember that every expert nurse once stood exactly where you are today. The transition process from student to confident practitioner does not happen overnight. It is gradual and requires patience with yourself and with all encounters, including those that you welcome the

Continued on next page



message from the

Board Chair

most and those that you wish to never experience again! Celebrate small victories, learn from challenges, and trust that with each patient encounter, you are building the expertise that will define your nursing career.

You have chosen a profession that demands both clinical excellence and compassionate care. The combination of your early career perspective, current knowledge, and genuine desire to help others makes you a valuable addition to any area of nursing practice. Trust in your preparation, lean on your support systems, and remember that asking for help is not just acceptable, it is equally professional and responsible.

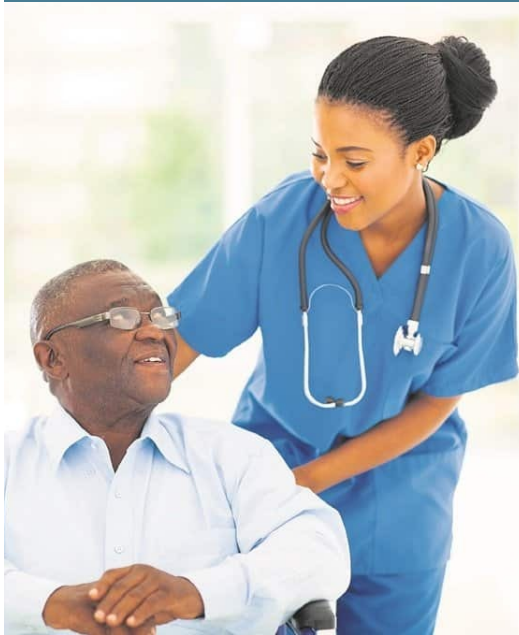
Finally, I welcome all newly licensed nurses to this challenging but rewarding profession. I truly believe that seasoned nurse professionals will gently take you under their wings and guide you through this transition period, toward a nursing career filled with success!

With sincere encouragement,

Racquel R. Ingram, PhD, RN
NCBON Board Chair

Workshop!

Newly Licensed Nurse Orientation Workshop



Learn about the functions of the NCBON, the Nursing Practice Act, Administrative Rules, common practice concerns, strategies to avoid potential violations, and available resources.

Workshop is provided virtually or in-person and is available upon organizational request.

To request, email practice@ncbon.com.




NCBON Board Business Meeting

May 22, 2025 | 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 public and 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. For more information on the Open Comment Period process, visit www.ncbon.com.



 **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.*

NCBON Presentations for Students in LPN, RN, and APRN Programs

Sara Griffith

PhD, MSN, RN, NE-BC
Chief Nursing Officer

The North Carolina Board of Nursing (NCBON) offers presentations for students in pre-licensure nursing education programs and Advanced Practice Registered Nurse (APRN) graduate-level programs. These presentations aim to educate future nurses and APRNs on nursing regulation in North Carolina, aligning with the NCBON's Strategic Plan, specifically Strategic Initiative #1: Enhance public protection through collaborative leadership. Objective 4 of this initiative focuses on increasing the visibility and impact of the organization.

The first education session, "NCBON Overview," covers several key topics:

- Overview of the Mission, Vision, and Values
- Understanding the role of nursing regulators
- Debunking the myth that "the Board only gives you a license and takes the license away"
- Licensure requirements
- Reviewing the vast resources available to nurses

Another education session offered by Licensure Staff is "NCLEX Student Orientation." This session will cover:

- Registering with the Nurse Portal
- Submitting the NCBON application for licensure by examination
- Nurse Licensure Compact and Primary State of Residency
- Criminal Background Check (CBC) Requirements
- Requirements for Initial Licensure

These sessions can be conducted in person or virtually and are designed to last 1-2 hours, depending on the volume of students' questions.

If you are interested in the NCBON Overview education session for your students, please email Sara Griffith, Chief Nursing Officer, at practice@ncbon.com. For the NCLEX Student Orientation, email examdept@ncbon.com.

NORTH CAROLINA ADVANCED PRACTICE REGISTERED NURSES

A Report on the Advanced Practice Registered Nurse Workforce in North Carolina

Final Report



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:



Strategic Initiatives

1 Enhance public protection through collaborative leadership

1. Ensure fair, efficient, and effective regulatory processes
2. Promote legislative change that advances the public protection through exemplary nursing care
3. Provide adequate resources to fund programs, services, and operations through maintaining a strong financial position
4. Increase the visibility and impact of the organization

2 Advance best practices in nursing regulation

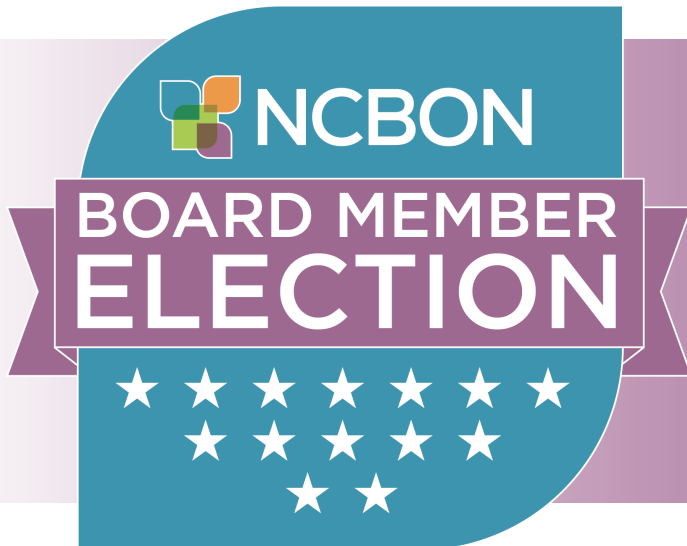
1. Conduct, utilize, and disseminate research that expands evidence for regulation
2. Serve as a catalyst for the delivery of innovations in education and practice
3. Ensure current and evolving roles and responsibilities of nursing align with regulation
4. Identify and address issues in nursing regarding the opioid epidemic, substance use disorders, and mental health

3 Cultivate an organization that supports diversity, equity, and inclusion

1. Promote a diverse organizational environment that fosters creativity, innovation, and outstanding leadership
2. Strengthen collaborative relationships with diverse external stakeholders
3. Foster opportunities that advance diversity, equity, and inclusion

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

1. Enactment of the APRN compact and consensus model
2. Facilitate the safe and effective practice of nurses using telehealth and emerging technologies
3. Support efforts of ongoing nursing workforce trends



SLATE OF CANDIDATES

Vote July 1st – August 15th

All candidate biographies are published verbatim, as submitted to the NCBON. The order of candidates listed is random.

- The Board is comprised of 14 members charged with implementation of policy and overseeing the activities of the Board of Nursing.
- Elected nurse members fill 11 seats on the Board. Registered Nurses hold 8 positions and Licensed Practical Nurses hold 3 positions.
- In addition to its 11 elected members, the Board has 3 public members. The Governor, President Pro Tempore of the Senate, and Speaker of the House each appoint a member to serve. Anyone interested in serving on the Board as a public member should contact their local State Senator or Representative.
- Both elected nurse members and public members serve a 4-year term and may be elected/re-appointed for a second term not to exceed 8 consecutive years on the Board. Board members spend an average of 30 days per year in carrying out these duties. Additional time may be spent depending upon Committee assignments and participation in other Board-related activities.

**The next several pages are dedicated to the
Slate of Candidates for the 2025 Election.**

PN Nurse Educator
Page 11

RN At-Large
Pages 12-19

Licensed Practical Nurse
Page 20



PN Nurse Educator (2)



Karen King

In 2012, I earned a Master's Degree in Nursing Education. I joined Beaufort County Community College in 2013 as a nursing faculty member and devoted my efforts to educating and mentoring nursing students. During my time at BCCC, I was promoted to Program Lead for Practical Nursing. In this role, I guided curriculum development, program evaluation, and student success strategies, fostering a robust learning environment for aspiring nurses. I recently began a Director of Practical Nursing Position at

Martin Community College, where I am spearheading the creation and implementation of a Practical Nursing Program.

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 (NCBON) as the Practical Nurse Educator because I am passionate about advancing nursing education and ensuring the highest standards of practice in our profession. With my experience in nursing education, including my current role leading the development of a Practical Nursing Program at Martin Community College, I have a deep understanding of the challenges and opportunities within this vital area of healthcare.

Kelly Dahl

I began my healthcare career as a Medical Assistant prior to returning to school for my LPN while working at a pediatric clinic. I then continued on to obtain my ADN which led me to the hospital setting. I quickly became part of the leadership team for the Pulmonary unit. Years later, I transitioned to the IV team and once again returned to school to ultimately obtain my MSN in nursing education. I currently work at Rowan Cabarrus Community College as the PN coordinator as well as teaching in the ADN program. I also hold the role as Student Success and Retention Coordinator.



I would like to serve on the North Carolina Board of Nursing because...

I feel qualified to approve and monitor the Practical Nurse education program that leads to licensure in the State of North Carolina. As program coordinator at the community college level I would understand the importance of the license practical nurse collaborating with the registered nurse incorporating safe nursing practice.





RN At-Large (16)



Lynda Chambers

As a native of Wilmington, I attended UNC-W for both my BSN and MSN. Currently I hold dual certifications in both Oncology as well as in Nursing Professional Development. My three decades in nursing have allowed me to practice in both the acute and ambulatory settings. The bulk of my career has been dedicated to oncology, and I have held leadership positions in both the oncology as well as with professional development. My heart, however, lies with patient care, I am currently the GU Oncology Nurse Navigator for the multidisciplinary program at Novant Health New Hanover Regional Med Center.

I would like to serve on the North Carolina Board of Nursing because...

As a native North Carolinian and nurse for 32 years, it would be an honor to serve on our Board of Nursing. This would provide a vital platform to advocate for both my dedicated nursing colleagues and the health and safety of the public we serve. My passion lies in advancing the art and practice of nursing, and I believe my clinical experience has uniquely positioned me to be instrumental in protecting our citizens.

Daniel Stanley

I hold a Master of Science in Nursing Administration with a graduate certificate in Nursing Education. I am pursuing a DNP in Health Systems Executive Leadership and a certificate in Nursing Informatics, with anticipated completion in August 2025. My nursing career spans roles including staff nurse, preceptor, and charge nurse in the ED at Duke University Hospital; ED Assistant Nurse Manager at the Central Virginia VA; and ED Nurse Manager at the Fayetteville NC VA. I currently serve as Chief Nurse for Virtual Care & Dialysis at the Fayetteville NC VA Coastal Health Care System, my current employer.



I would like to serve on the North Carolina Board of Nursing because...

I am passionate about advancing the nursing profession through informed, equitable decision-making and policy development that protects the public while empowering nurses. Serving on the Board would allow me to represent diverse nursing perspectives—from bedside to executive leadership—and contribute meaningfully to shaping the future of nursing education, regulation, and practice. I am committed to ensuring our workforce is well-supported, ethical, and prepared to meet North Carolina's evolving healthcare needs.





RN At-Large (16)



Rebecca Lieberman

I hold my BSN and look to pursue my Master's in Public Health with a concentration in Policy and Leadership. I have worked in the Emergency Department of Charlotte's Level 1 Trauma Center for 9 years, 1 as a Health Care Tech and 8 as an Registered Nurse. I am also a Public Health Nurse for Mecklenburg County Public Health working as a school nurse at a local elementary school. I hold both positions, I am FT in the school and PRN in the hospital.

I would like to serve on the North Carolina Board of Nursing because...

I love being involved in change. I enjoy looking at a process, finding more efficient ways of accomplishing the task, helping implement change, then reassessing. I plan to pursue my Master's in Public Health with a concentration in Policy in Leadership and if I serve on the NCBON simultaneously, it would allow me to bring the knowledge I gain in Graduate school to how I help serve the Board.

Sandra Lewis

I am a Registered Nurse (RN) with over 40 years of experience in healthcare. Before transitioning to home care, I worked in diverse clinical settings, including physician's offices, hospitals, and long-term care facilities. For 27 years, I have been the owner/operator of First Choice Home Care, Inc., leading a team of healthcare professionals to deliver personalized in-home care. My expertise includes care coordination, regulatory compliance, and operational management, ensuring the provision of high-quality, compassionate care to our clients.



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 to contribute my 40 years of nursing experience and leadership in home care. With expertise in healthcare standards, regulatory compliance, and patient advocacy, I am dedicated to promoting excellence in nursing practice. My goal is to help shape policies that ensure safe, compassionate, and high-quality care for all people throughout North Carolina.





RN At-Large (16)



Matthew Burleson

I earned my BSN from the University of Tennessee, Knoxville, class of 2015. Most recently, I obtained my MSN with a concentration in Health Systems Leadership from East Carolina University, class of 2025. My bedside nursing experience includes progressive cardiac care, surgical trauma ICU, and rapid response/code blue. My nursing leadership career began as an Assistant Nurse Manger of the STICU in 2021 and in 2024 I became the Nurse Manager of a Cardiothoracic Step-Down Unit. The most recent 9 years of my 10 year nursing career have been at Duke University Hospital, who remains my current employer.

I would like to serve on the North Carolina Board of Nursing because...

I have always been drawn to hospital policy and procedure, as they provide guidance and structure to ensure best patient care and nursing practice. I am passionate about the nursing profession and want to serve as a catalyst for desirable improvement. Serving on the Board will allow me to engage in a wider breadth of policy and utilize my skillset to positively impact North Carolina nurses and the public.

Stephanie Turner



I earned a Bachelor of Nursing with honors and a Master of Nursing degree from UNC-Chapel Hill over 30 years ago. I will complete my Doctor of Nursing Practice degree in December of 2025 from UNC-Greensboro. Since 2016, I have led the expansion and transformation of UNC Health Alliances' clinical and non-clinical population health teams that deliver care within ambulatory employed, managed and independent practices affiliated with our Clinically Integrated Network. I serve on system-level groups to align care management, enhance Primary Care services, and integrate AI into clinical workflows. I am passionate about enhancing interdisciplinary team care.

I would like to serve on the North Carolina Board of Nursing because...

I aim to ensure our profession remains the most trusted in healthcare by continuously innovating to meet the healthcare needs of North Carolinians. This involves ensuring patient-centric, high-quality, top-of-license, best-practice work through the effective use of interdisciplinary teams.





RN At-Large (16)



Christopher Burr

I was originally licensed via an Associate Degree in Nursing and began working for my current employer, Firsthealth of the Carolinas, as a new graduate nurse in their medical/neurological intensive care unit in July of 2009. During my 11 years in that role, I functioned as a bedside nurse providing direct patient care, a charge nurse, and a preceptor. In 2015, I obtained my Bachelor of Science in Nursing from the University of North Carolina at Charlotte. In 2020, I graduated from UNC Charlotte and Atrium Health's nurse anesthesia program with my Master of Science in Nurse Anesthesia.

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 passionate about upholding the high standard of care for North Carolina nurses and the communities we serve. As a North Carolina native and experienced nurse, I believe my insight would be beneficial in maintaining our profession's relationship with the public.

Juan Powe

Juan Powe is a board-certified Family Nurse Practitioner at Teamwork Health PLLC. Beginning his career as a nursing assistant, working his way through the ranks to become a nurse and ultimately a nurse practitioner while gaining experience at WakeMed Health & Hospital. Juan holds an Associate Degree in Nursing from Wake Technical Community College, a BSN from Winston-Salem State University, and a Master of Science in Nursing from UNC Chapel Hill. He is pursuing a Doctorate in Nurse Practitioner at East Carolina University and is expected to graduate in December 2025. Juan has also traveled as a COVID response nurse.



I would like to serve on the North Carolina Board of Nursing because...

With over 25 years of experience in healthcare, I've developed a true passion for serving others. As a native of North Carolina, I'm eager to give back to my community meaningfully by contributing my knowledge and expertise. Serving on the Board of Nursing would allow me to help protect and strengthen the community while ensuring high standards of care. I'm excited about the opportunity to positively impact a field I care deeply about.





RN At-Large (16)



Daria Kring

Daria Kring, PhD, RN, NEA-BC received her BSN and MSN from the University of North Carolina at Greensboro. She has worked as a staff nurse, nurse manager, nurse educator, clinical nurse specialist, and Magnet program director. Her clinical background has been in medical-surgical nursing. She received her PhD from UNCG and worked as a nurse scientist for seven years. She is currently vice president, Center for Professional Practice and Development, which oversees nursing practice, professional

development, research, nurse residency program, Magnet designations, patient education, and clinical support for Novant Health's acute care facilities.

I would like to serve on the North Carolina Board of Nursing because...

I network across the state and realize that if nursing is going to meet the needs of the people of North Carolina, we must continue to evaluate our structures and processes for educating, licensing, and supporting nurses. As we focus on the safety of the public, we must also create agile infrastructures that ensure a strong pipeline of nurses to meet the public's health needs. I would love to be part of this work.

Andrea Kelly

I began my healthcare career in 1998 as a nursing assistant, earned my Associate Degree in Nursing from Pitt Community College in 2005, my Bachelor's Degree in Nursing from East Carolina University in 2011, and 2017 I completed my Master of Science in Nursing Education from Western Governors University. My experience includes roles in the Emergency Room, Public Health, Cardiac Catheterization Lab, and Nursing Professional Development. Currently, I serve as the Director of Population Health at ECU Health Physicians, where I work with our ambulatory clinics and oversee clinical education initiatives.



I would like to serve on the North Carolina Board of Nursing because...

Serving on the NCBON will allow me to continue to contribute to the profession of nursing, advocate for the advancement of nursing practice, and for the protection of NC citizens through safe nursing practice. My path in Nursing Professional Development was influenced by my realization that I could impact patient care through every person I taught and mentored. Serving on the NCBON will provide a similar level of impact and level of contribution.





RN At-Large (16)



Lindsay Novacek

Dr. Lindsay Novacek is the Director of Nursing Continuing Education in the North Carolina Division of Public Health. She received a DNP in Public Health Nurse Leadership from UMASS Amherst and a BSN from the University of Arizona. She has over a decade of nursing experience across settings including state and local public health, home health, and corrections. She is a Johnson & Johnson Nursing Innovation past fellow, a past nursing section chair of the North Carolina Public Health Association, and an author of the ANA's Nursing Leadership Scope & Standards of Practice (3rd. ed).

I would like to serve on the North Carolina Board of Nursing because...

I am committed to advancing nursing practice, education, and public health in North Carolina. With over a decade of experience in public health nursing, policy development, and workforce education, I want to ensure nurses have the support, training, and resources needed to provide high-quality care. Serving on the Board would allow me to advocate for evidence-based policies that strengthen our profession and improve health outcomes for all North Carolinians.

Jennifer Pearsall

My educational background is a baccalaureate degree in nursing, and I am currently pursuing a master's degree in nursing leadership. I began my career as a registered nurse in the emergency department and learned valuable lifesaving skills and how to work under pressure. I transitioned to vascular access and oncology nursing a few years ago and have found a new passion in oncology. I currently work for Atrium Health-Levine Cancer Institute as a cancer treatment coordinator and patient educator.



I would like to serve on the North Carolina Board of Nursing because...

I would like to serve my state in protecting our communities by ensuring safe and effective care for its citizens. I enjoy advocating for patient care and nursing practice and serving on the Board of Nursing would allow me to promote health and advance change.





RN At-Large (16)



Hannah Beaddles

I earned my BSN from UNC-Wilmington, my career began in pediatrics to which I transitioned to pediatric oncology at Duke Children's. Pursuing travel nursing, I worked in the PICU at UVA, and back to pediatric oncology at Texas Children's in Houston, Texas and at Brenners Wake Forest. After traveling I worked at the UNC Cancer Hospital before transitioning into my full-time current role with Amedisys as a Clinical Liaison Representative. Having worked exclusively at Magnet hospitals, I have served on various

committees and remain actively involved with JDRC, bringing a strong clinical background and advocacy focus to my work.

I would like to serve on the North Carolina Board of Nursing because...

I am a huge advocate for protecting the health and well-being of the public through safe, effective care for all patients which is a principle the board stands for. I have strong critical thinking as well as communication that can be used under pressure while demonstrating compassion, integrity and leadership. I feel I would bring a spirited, determined zeal alongside of offering diverse knowledge.

Neil Williams, II

My name is Neil Williams II. I am a registered nurse and dedicated healthcare leader with over 27 years of continuous nursing experience across diverse settings, including cardiac, surgical, and neurological intensive care units, medical/surgical units, emergency departments, jail health, nursing education, and leadership. My highest degree is a Doctorate in Nursing Practice and a Master of Business Administration. I have a Nurse Executive certificate through the ANCC. Currently, I serve as the Director of Enterprise Float Pools, Decedent Care, and Resource Management Center at ECU Health full-time and as Evaluation Faculty at Western Governors University on a part-time basis. Throughout my career, I have remained committed to innovation, efficiency, and compassionate care, striving to make a meaningful impact in healthcare and nursing



I would like to serve on the North Carolina Board of Nursing because...

I would like to contribute to the enhancement of nursing standards and ensure quality care for the public which aligns with the mission of the NCBON, to protect the public by regulating the practice of nursing. Nursing services are broad, and being a member of the NCBON would allow me to see nursing practice from all spectrums and get to work with a team committed to the vision of exemplary nursing care for all.





RN At-Large (16)



Nanette Merritt

Since high school, where I was a student athletic trainer, I've been dedicated to the medical field. My path to becoming the School Nurse at Envision Science Academy includes a Bachelor's in Psychology, Nursing, and EMT certification. I've served as an EMT in Brunswick and Wake County, worked as a Medical Assistant for five years, and as an RN in both an ambulatory endoscopy center and urgent care. Additionally, I spent five years as a Sports Medicine Trainer for Wake Forest Titans Pop Warner. Each role has strengthened my commitment to exceptional patient care.

I would like to serve on the North Carolina Board of Nursing because...

I believe that patient safety is and should always be our number one priority as nurses. Well-educated nurses and a lower patient-nurse ratio are 2 critical areas to ensure patient safety

Clare Chambers

Dr. Chambers is the Clinical Integration Specialist at Galen College of Nursing with extensive experience as a Registered Nurse in transplant, emergency medicine, and cardiovascular critical care. She has also served as a Nurse Educator Consultant and Charge Nurse. Her academic roles include clinical instructor, guest lecturer, Assistant Professor, and honorary speaker. Dr. Chambers holds an ADN from Hocking College, a BSN from Ohio University, an MSN in Nursing Education from Grand Canyon University, and a DNP from Ohio University. She excels in curriculum development, simulation, and mentorship, enhancing student outcomes and supporting faculty development while aligning with institutional goals.



I would like to serve on the North Carolina Board of Nursing because...

I am deeply passionate about shaping the future of nursing in North Carolina. As healthcare evolves, it is crucial to have innovative, forward-thinking policies that support nurses and improve patient care. I want to contribute to this transformation, ensuring that nurses are well-equipped to navigate these changes and continue delivering exceptional care.





Licensed Practical Nurse (2)



Dachia Thompson

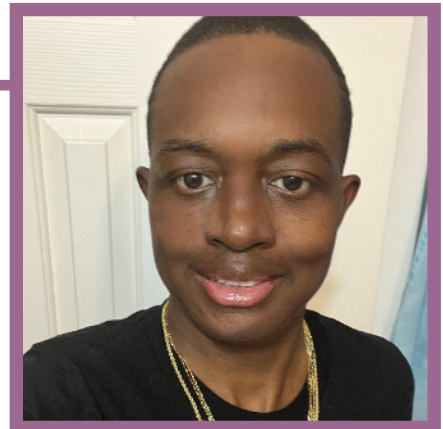
My bachelors degree taught me managerial skills in entrepreneurship and the business of healthcare. Practical nursing has allowed me to gain bedside experiences especially while taking on travel positions. In general nursing has allowed me to gain the following skills: providing direct patient care, medication administration, vital signs and health monitoring, wound care and medical procedures, patient and family communication, collaboration with healthcare team, documentation & compliance, and emergency response. My current employer is Department of Veteran Affairs in Fayetteville.

I would like to serve on the North Carolina Board of Nursing because...

I would like to serve on the NC Board of Nursing because I am passionate about improving healthcare by bringing my expertise in travel nursing, education and rural community needs. My diverse background allows me to advocate for nurses and patients across all settings.

Travis Robinson

Travis Robinson, LPN is from Hertford County, NC. I am the epitome of a nurse/clinical administrative at Roanoke-Chowan Community Health Care Center a FQHC. I have been employed at RCCHC since May 2021 as a re-hire totaling 6 years. I have founded my own non-profit 501(c)(3). The Robinson Sickle Cell Foundation, Inc. Where I am the CEO/President of our board since May 1, 2016. After losing my sibling at age 14 from complication from Sickle Cell disease on 12/25/2014. I graduated from Centura College-Norfolk with a diploma in Practical Nursing with a 3.74 GPA. I have tons of experience.



I would like to serve on the North Carolina Board of Nursing because...

I love advocating for others, want to have a positive relationship with my fellow nurses and to be he eyes and ears for them shall they need anything in my term.



Now you're ready to cast your vote!



1. Log into your Nurse Portal account on the Board's website at www.ncbon.com -- or click the "Board Member Election" 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**

Upcoming Meetings

Meetings may be held virtually. Please check www.ncbon.com.

Board Business Meeting

September 25, 2025

Hearing Committee

August 27, 2025

October 29, 2025

Administrative Hearings

July 30, 2025

September 24, 2025

Education & Practice Committee

August 20, 2025

November 12, 2025

Please visit 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.



Message From The Editors

RECEIVE

The North Carolina Board of Nursing (NCBON) publishes *The Bulletin* three times per year; February, June, and October. *The Bulletin* is disseminated to all North Carolina licensed

nurses via the email address you list in the Nurse Portal, shared via @NCNursingBoard social media platforms, and posted to the NCBON website.

If you have not received a publication or communication from the NCBON, you may have unsubscribed from the email distribution list. If you think this has occurred and would like to be added back to the email distribution list, please email publications@ncbon.com with a request to be added back to the email distribution list for *The Bulletin*. If there is an error in your email address like *jon.d.nurse@gamil.com*, this could also result in not receiving communications from the NCBON.

Previously all the content in *The Bulletin* was written by NCBON staff. Over the last year, NCBON has received multiple inquiries expressing interest from members of the community on how to submit articles/content for publication.

In response to these inquiries, the NCBON developed a process to review topics and provide information for potential authors. The potential authors would receive information on submission guidelines, the date for submission, and a copyright agreement.

CONTRIBUTE

GET PUBLISHED

If you are in a graduate-level nursing program that requires the publication of a project, this is an opportunity for you to have your work published.

The mission of the NCBON is to protect the public by regulating the practice of nursing. The vision is exemplary nursing care for all. With this as the focus of our publications, the article topics should have a link to patient safety.



The NCBON looks forward to hearing from NC Nurses who are interested in submitting content!



PHONE \$CAMS

Phone and email scams are nothing new, but the way that scammers try to manipulate you to give them your personal information or money changes often. We have received multiple reports of NC nurses who have received suspicious calls. Let's look at a few examples that we've heard.

Scenario 1

A man called a Nurse Practitioner and said that she was under investigation by the NCBON and DEA for using her NPI number to prescribe Fentanyl in large quantities and these drugs were being sold across the Texas/Mexico border. Caller said he was an investigator with the NCBON office and told her she needed to hire a criminal attorney. He was able to repeat her NPI number associated with her name. When she refused to provide details and pressed him for his credentials with the NCBON, he hung up on her.

Scenario 2

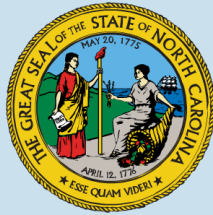
A NC Nurse's son received a call. He was told that they were calling from the Bureau of Registered Nursing and that the DEA had a warrant out for his mother's arrest for drug trafficking and they needed \$500 via Cash App to take care of the charges against her. The licensee's son started asking questions and the caller hung up on him.

Scenario 3

A licensee that received a phone call appearing to be from the NCBON. The suspicious caller stated that there was a pending charge on the nurse license. Having heard of scams like this, the licensee hung up and dialed the NCBON's main number and spoke with one of our licensure staff to confirm their license status.

The stories are all different, but the fact that remains is these bad-actors are intending to put you in enough panic to provide personal or credit card information. Should you receive a suspicious call appearing to be from the NCBON, we suggest hanging up and calling the NCBON directly at **(919) 782-3211** to check the authenticity of the call.

STAY VIGILANT!



NCDHHS

Dementia Friendly Communities and Hospitals Network Toolkit

Are you interested in making your workplace dementia friendly? Or if your workplace is already involved in dementia friendly initiatives, are you interested in making your workplace more dementia friendly?

If so, please review the recently completed Dementia Friendly Communities and Hospitals Toolkit for ideas about getting started or for ideas on enhancing your already dementia friendly workplace. You can access it using this link:

Toolkit

*****PLEASE NOTE** The toolkit is in a zipped file and you will need to download the file to access the toolkit.***

Please feel free to contact Heather Carter at the NC Division of Aging with any questions at



heather.carter@dhhs.nc.gov

Thank you for your interest in this very important work.



 Healthcare Workforce Collaborative

The Future of Healthcare Nurse Workforce Development



Our Goal

Recruit, train, and provide next-level support to nursing professionals to impact the nursing shortage and enhance care throughout the Triangle region.

We Offer

- NC AHEC RN Refresher program for retired nurses
- Financial support to nursing students in a Nurse Aid (NA), Practical Nurse (PN), or Registered Nurse (RN) program
- Upskilling of direct care workers such as home health aides into a nursing pathway starting with Nurse Aid (NA)

Who is this for?

- Residents of Wake, Johnston, Chatham, Lee or Orange counties
- WIOA-eligible which includes:
 - Aged 18 or older
 - Dislocated Workers
 - Veterans
 - Persons with disabilities
 - Long-term unemployed
 - Justice-involved
 - Mature Workers (ages 55+)
 - Limited English speakers
 - Authorized to work in the U.S. (Males must be registered with selective service.)

All participants must connect with the Healthcare Workforce Outreach Coordinator and enroll in NCWorks to receive funding support.

CONTACT US FOR MORE INFORMATION!

Jamie Reyno
Healthcare Workforce Outreach Coordinator
jamie.reyno@wake.gov

Equal Opportunity Employer/Program

Capital Area Workforce Development Board Workforce Innovation and Opportunity Act (WIOA) Programs are federally supported 100% by the U.S. Department of Labor as part of an award totaling \$8,228,002.

Training Partners:





NC AHEC

RECRUIT
TRAIN
RETAIN

RN Refresher Program

Did you know that North Carolina is facing a skilled nursing shortage? Over 12,000 registered nurses are needed now to avoid a healthcare crisis.

Capital Area Workforce Development Board (CAWD) is partnering with the NC Board of Nursing, UNC School of Nursing, Wake AHEC, local community colleges, and local healthcare systems to increase the number of registered nurses in the workforce.

Are you interested in returning to nursing? If so, you may be eligible for:

- Tuition assistance
- Program and/or licensure reinstatement fee coverage
- Books/supplies
- Mileage reimbursement

Let's make an impact now and support our communities!

Contact us for
more information:

Kathy G. Clark, MS, BSN, RN

Associate Director of RN Refresher Program for
Wake Area Health Education Center

Kgclark@wakeahec.org

(919) 350-0481





Nursing Rules Roundup

At this time, the Board of Nursing does not have any rules under consideration.

Stay informed regarding proposed rule adoptions, amendments, and repeals by visiting our website at [Proposed Rule Changes | North Carolina Board of Nursing](#) or sign up to receive notifications regarding laws and rules using the link below.

If you have any questions regarding rules, please email: lawsrules@ncbon.com.

Want to receive notifications on Law and Rule changes?

Sign up!

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 rule*!

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

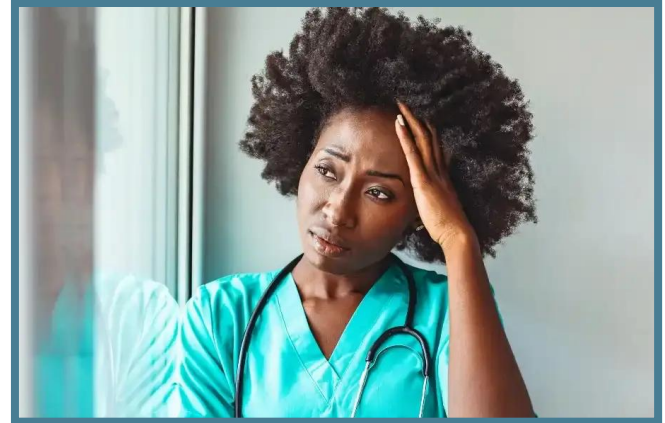
NCBON Nurse Portal



Workplace Violence: A Growing Concern

For over two decades, nurses have consistently earned the distinction of being the most trusted professionals in the United States (National Nurses United, 2025). However, behind the respect and admiration lies a stark contradiction: the individuals we rely on for healing and support face daily threats to their safety and well-being.

Two nurses are assaulted every hour in acute care settings (National Nurses United, 2025). Workplace violence (WPV) against nurses is an increasingly urgent issue that causes physical, emotional, and financial harm, jeopardizing the stability of the healthcare system. Despite their expertise, skills, and compassion, systemic failures often expose nurses to danger. Nursing is a challenging profession; it requires attention to detail, adaptability to changing medical conditions, and the ability to care for multiple patients (and their family members) in high-stress situations.



The escalating violence against nurses by patients has reached a critical point, demanding immediate and decisive action. This rise in violence not only jeopardizes the safety and well-being of healthcare professionals but also undermines the quality of patient care and the overall stability of the healthcare system. In alignment with the North Carolina Board of Nursing's (NCBON) mission to protect the public by regulating nursing practice, it is imperative to implement comprehensive measures to address and mitigate this pressing issue.

An Increase in Violence

Workplace violence is a well-documented occupational hazard in healthcare. Data from the U.S. Bureau of Labor Statistics (BLS) show that 12.2% of nonfatal injuries from violence occur among nurses, compared to just 4.2% across all other professions. Nurses experience physical injury from violence at three times the rate of other full-time workers (Dressner & Kissinger, 2018). Although healthcare workers represent only 10% of the workforce, they account for 48% of nonfatal workplace violence injuries (Bureau of Labor Statistics, 2025).

The [American Nurses Association](#) has sounded the alarm: violence against nurses is on the rise, with one in four nurses experiencing some form of abuse (National Nurses United, 2023). Despite these numbers, the true scope of WPV remains underreported. Menendez et al. (2024) referred to cultural and systemic barriers that contribute to the underreporting of WPV, and nurses believe violence is simply "part of the job." In other cases, unclear policies or time-consuming reporting procedures discourage incident documentation during already demanding shifts (Menendez et al., 2024).



Workplace Violence and Forms Defined

The Joint Commission defines workplace violence as any threatening or aggressive behavior involving staff, clients, or visitors (National Nurses United, 2024). The Occupational Safety and Health Administration (OSHA, 2024) expands this definition to include acts or threats of violence ranging from verbal abuse to physical assault and homicide occurring within or outside of the workplace. The World Health Organization (WHO, 2022) classifies violence as a public health issue involving the intentional use of force or power that can result in physical or psychological harm.

Workplace violence in healthcare takes many forms. Arnetz et al. (2018) found that nurses most frequently experience verbal threats (67.8%), followed by physical threats (38.7%) and being pinched or scratched (37.3%). These are not isolated incidents; they occur frequently and are often tolerated or accepted as the norm.

The Toll on Nurses and Healthcare Systems

The consequences of workplace violence extend far beyond immediate harm. Nurses subjected to violence may suffer from anxiety, depression, burnout, and post-traumatic stress disorder (PTSD). The World Health Organization (2019) describes burnout as a syndrome resulting from chronic, unmanaged workplace stress, characterized by exhaustion, cynicism, and reduced professional effectiveness.

Nurses may leave the profession when they feel unsafe in their work environment. This choice contributes to the nursing shortage and strains healthcare systems. Their departure affects their colleagues, lowers morale, and jeopardizes client outcomes. Additionally, it increases the financial costs to the healthcare industry associated with treatment, employee turnover, and the onboarding of new staff (National Nurses United, 2024). Most importantly, client outcomes may decline due to a shortage of nurses or a lack of experienced nursing staff.

Addressing the Crisis

However, some progress has been made. In 2015, North Carolina enacted [House Bill 560 \(Session Law 2015-97\)](#), elevating the assault of healthcare workers on hospital property to a felony offense. This legislative milestone was championed by the North Carolina Nurses Association, which continues to advocate for more vigorous enforcement (Ingram & Grant, 2022).

The high incidence of workplace violence prompted the creation of new Joint Commission accreditation requirements, which were implemented in 2022. These requirements provide a framework to guide organizations in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence (The Joint Commission, n.d.).



Urbanek and Graham (2022) highlight a critical disconnect in healthcare environments. While supervisors may believe they are fostering a culture of safety, nurses often perceive their actions differently. Many nurses reported feeling unsupported or fearing retaliation when voicing concerns about workplace violence (Urbanek and Graham, 2022). To combat this, Urbanek and Graham (2022) suggest that management starts by reflecting on what is already in place and identifying the gaps. After reviewing these gaps, organizations should reevaluate their policies and procedures regarding WPV.

Underreported

Research indicates that WPV is underreported primarily due to the complex documentation and forms required following an incident (ANA, 2024). An essential part of reporting is streamlining the documentation process, enabling nurses and staff to complete it more swiftly and effectively. Strong support from management and leadership will inspire nurses and staff to accurately document and report WPV. Management and administration must openly oppose WPV and safeguard their employees (OSHA, 2024).

Collaboration with management, nurses, and staff to develop policies and procedures for WPV is essential for improving reporting effectiveness. Structured communication strategies should enhance interaction between management and nursing staff.

Structured communication, such as morning huddles and end-of-shift debriefings, should be used to identify clients who may pose a risk of violence (Lim, et al, 2022). Once high-risk individuals are identified, a plan should be developed to ensure the safety of both the client and the nurse. When agitation arises, staff trained in de-escalation techniques should respond promptly. Standing orders for managing client agitation should be established and readily accessible (NCBON, 2022).

Unit management should conduct regular daily rounds to handle unforeseen challenges or complications effectively. Restricting visitors for clients showing escalating behavior will foster a safer environment. Ongoing safety courses and education in de-escalation techniques are essential to ensure safety while maintaining high-quality client care.

Looking to the Future

As the demand for nurses continues to grow, which is projected to increase by 6% between 2023 and 2033, with over 190,000 job openings annually (BLS, 2025), the urgency of addressing workplace violence cannot be overstated. The BLS (2025) anticipates that the advanced practice registered nurse (APRN) workforce will grow by 38% during this period, underscoring the vital role nurses will play in the future of healthcare.

In environments with insufficient staffing, one of the most significant dangers is violence from clients directed at nurses, encompassing both physical and verbal aggression that threatens staff and other clients (ANA, 2024). Low staffing levels not only undermine the quality of care but also increase the chances of agitation among clients who may feel overlooked or frustrated, thereby



raising the potential for violence.

The NCBON (2019c) [Staffing and Patient/Client Safety Statement](#) states, “RNs and LPNs have a duty to care for clients and have a professional responsibility not to abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse’s own life.”

Sometimes, these lines blur when a nurse must choose between providing safe care for a client and protecting their own life. Nurses need to understand the laws and regulations that govern their scope of practice. To review the scope and responsibilities, refer to the [Nursing Practice Act](#) (1981/2019) and the [Components of Nursing Practice for Registered Nurses](#) (2019a) and [Licensed Practical Nurses](#) (2019b). Nurses need more than recognition; they need protection, support, and systemic reforms. Addressing workplace violence must be a collective priority for healthcare leaders, policymakers, and communities to ensure the safety of those who care for us.

Conclusion

In conclusion, nurses deserve more than acknowledgment; they require comprehensive protection supported by enforceable policies. Addressing workplace violence must become a standardized expectation, not an afterthought. Healthcare systems must adopt zero-tolerance policies against violence, provide comprehensive training, and ensure adequate staffing to reduce risks (American Nurses Association, n.d.). Healthcare administrators must establish clear safety protocols, while legislators should enact stronger protective laws (OSHA, 2024). Additionally, communities must advocate systemic reforms that prioritize the safety of nurses. Protecting our nursing workforce is not only essential but also a vital investment in the overall health of society.



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Education Consultant

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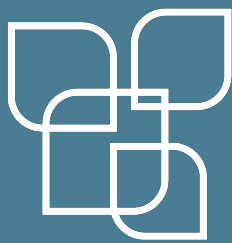
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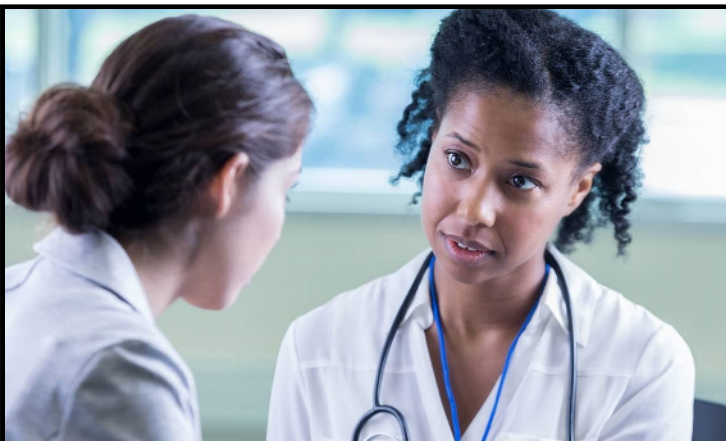
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Education Communiqué

A tri-annual newsletter for Program Directors.

[Click here to catch up!](#)



**Need guidance conducting a
nurse investigation?**

**Check out NCBON's Employer
Investigation Guides.**

Is your birthday this month?

It may be time to renew your license.
Log into the Nurse Portal to check your
status and renew your nursing license.



REGULATORY EDUCATION

TO ACCESS ONLINE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR EDUCATION ON THE MENU. QUESTIONS? EMAIL PRACTICE@NCBON.COM.

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.

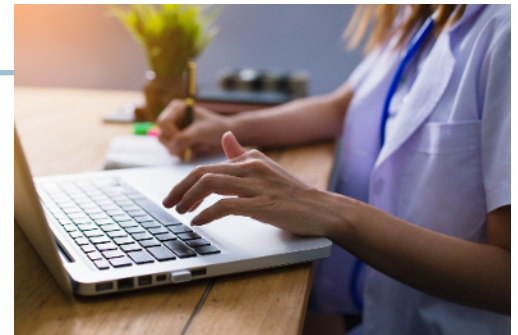
Online Bulletin Articles

- Workplace Violence: A Growing Concern
- Nurses' Emotional and Mental Health: Nursing Implications and Resources
- Sleep Deprivation: Am I at Risk for Patient Harm?
- The Role of the Licensed Practical Nurse: A complement to the multi-disciplinary team

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

Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON 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 5.5 contact hours (Provider Number ABNP1583; Valid Through 5/20/2028). Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.



The 2025 sessions are listed below as follows:

Sept 10-Virtual

October 15-In-Person

\$50.00 fee (non-refundable/non-transferable)

You will be notified of any date or format changes.

Register online at www.ncbon.com.

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

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



Available Online

Legal Scope of Practice Online Course

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

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 NCBON using the NCBON Complaint Evaluation Tool (CET).





NCBON Staff Presentations

NCBON Staff are available upon request to provide 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. Length of presentations can vary.



Standard Presentation Offerings

Continuing Competence – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

Legal Scope of Practice – 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 – 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 – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

Nursing Regulation in NC – 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 – 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 – Provides brief information about Just Culture concepts and instructions for use of the NCBON 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 – Provides information regarding the five common NPA violations reported to the NCBON and the five common pieces of evidence gathered during an investigation.

Newly Licensed Nurse Orientation Workshop – Provides newly licensed nurses with information about the functions of the NCBON, the Nursing Practice Act, Administrative Rules, common practice concerns, strategies to avoid potential violations, and available resources.

NEW

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.



APRN



Kimberly Luisana

DNP, RN, FNP-C
Advanced Practice
Consultant

Does the NCBON have any FAQs for CRNAs?

Certified Registered Nurse Anesthetists (CRNAs) are vital in healthcare as highly trained Advanced Practice Registered Nurses (APRNs). In North Carolina (NC), as in many other states, the scope of practice for CRNAs is shaped by state-specific regulations. This variability can lead to questions about what CRNAs are authorized to do within the state. Below, you'll find answers to some of the most frequently asked questions regarding CRNA practice in North Carolina.

1. Can a CRNA provide a clearance or a good faith exam in aesthetics or IV infusion services in NC?

No, a CRNA would be considered out of scope by providing clearance or good faith exams for aesthetic or IV infusions to clear the patient for these procedures. These exams are intended to be the assessment of the prescribing provider of record. A CRNA is not permitted to order or prescribe cosmetic/aesthetic procedures/injections as a CRNA. CRNAs do not have prescriptive authority in NC, and such acts are not part of the CRNA scope of practice. [21 NCAC 36.0226 Nurse Anesthesia Practice](#)

However, a CRNA could administer the injections **as an RN injector** and, therefore, would have to work within the scope of their RN license only.

This would mean they would need to be working as an RN with standing orders or orders under the directive of an NP, PA, or Physician. We encourage licensees to read: [Practicing at level other than highest licensure/approval/recognition](#) position statement.

2. Can a CRNA obtain a DEA license in NC?

No, CRNAs do not have prescriptive authority in NC and, therefore, cannot be issued a DEA license.

3. How should I introduce myself as an Advanced Practice Registered Nurse?

You are expected to introduce yourself, so the patient understands your role and title within their healthcare team. There are no APRN rules that restrict the use of an academic title; for example, if a CRNA has earned their DNP or PhD, they can state, "Hello, I am Dr. Smith, a certified registered nurse anesthetist." North Carolina Badge Law [G.S. 90-640](#)

To review the complete list of frequently asked questions, visit the NCBON website at www.ncbon.com, hover over "Board Info" and select the specific FAQs you want to review.



Compliance

What is the Discipline Program for Nurses in Recovery?



Candy Elliott

Compliance

Case Analyst

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.

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

Continued on next page



- 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, 2024

- Number of participants at end of 2022: 76
- Female, RN, 18 years of experience in NC
- 48 years old
- Substance of Choice: Opioids (#1 Opiate was Oxycodone)
- NPA Violations: Diversion #1 and Impaired on Duty #2

NCBON, NURSYS License Verification

Published, disciplinary – Call NCBON Staff **and** download public documents

Chemical Dependency Discipline Program
Please call (984) 238-7615 during normal business hours on Monday through Friday from 8:00 AM to 5:00 PM.

Approval Date 06/29/2010	License Status Active
Expiration Date 08/31/2023	Charges/Discipline Yes
Confirmation/Reference # XC333P9U	Compact Status Single State

Effective November 2006, the NC Board of Nursing began displaying public documents for charges and/or disciplinary actions taken against a license.

Public Document

[Return to Licensed Practice Agreement](#)

[Published Consent Order](#)

NAME ON LICENSE	TYPE	LICENSE STATE	LICENSE	ACTIVE	LICENSE STATUS	LICENSE ORIGINAL ISSUE DATE	LICENSE EXPIRATION DATE	COMPACT STATUS
	PN	NORTH CAROLINA	048005	NO	EXPIRED	10/21/1994	02/28/2001	NONE
	RN	NORTH CAROLINA	170849	YES	PROBATION (see history)	06/13/2000	02/28/2022	SINGLE STATE

Primary source Boards of Nursing discipline/final orders history Hide History

Primary source Boards of Nursing discipline/final orders history

[Contact the boards of nursing](#) for any questions

DISCIPLINE/FINAL ORDERS STATE: **NORTH CAROLINA**

DATE ACTION WAS TAKEN: **04/05/2019**

AGAINST PRIVILEGE TO PRACTICE (PTP): **NO**

REVISION ACTION DATE: **12/09/2019**

[View primary source board order documents](#)

ALSO CHECK WITH THE BOARD OF NURSING FOR ANY SUBSEQUENT OR SUPERSEDING ORDERS.



Education

What does program status mean for nursing education programs?



Tonya Body

MAED

Education Coordinator

Pre-licensure nursing education programs approved by the North Carolina Board of Nursing (NCBON) continually adapt to meet the growing demand for skilled nurses while adhering to the standards outlined in the North Carolina Administrative Code. Programs are assigned a specific status based on compliance, as defined in the Administrative Code, and include initial approval, full approval, and warning status. The definition for each program status is:

Initial Approval - Consistent with [21 NCAC 36 .0302](#), the status assigned to a nursing education program following submission of a new, complete application and documented evidence of compliance with Section .0300 of this Chapter. This status is granted to a nursing education program that allows the admission and matriculation of students. The status of initial approval will extend through the time necessary for full implementation of the curriculum, provided that the program complies with Section .0300 of the education rules. See full definition in [21 NCAC 36 .0120\(28\)](#).

Full Approval - Consistent with [21 NCAC 36 .0303\(c\)](#), the status assigned to a program following graduation by the first cohort of students, evidence of compliance with Section .0300 of this Chapter, and an NCLEX® examination pass rate that meets or exceeds 90 percent of the national pass rate for licensure level on first writing of the licensure examination for calendar years ending December 31. See full definition in [21 NCAC 36 .0120\(27\)](#).

Warning Status - Consistent with [21 NCAC 36 .0303\(d\)](#), the status assigned to a nursing education program found to be noncompliant with any provision in Section .0300 of this Chapter. See full definition in [21 NCAC 36 .0303\(56\)](#). Programs with this status are listed as Approval with Warning on the [Approved Pre-licensure Nursing Programs](#) website list. Visit the NCBON website at ncbon.com and navigate to the **Education** section to access the list of approved pre-licensure nursing programs, which also details the status of each program.

Contact us at education@ncbon.com for further details or inquiries.

Next Generation
NCLEX®

Click here to view
NCLEX Pass Rates



Investigations

Could you be practicing without a nursing license?

The North Carolina Board of Nursing (NCBON) reviews licensure status when an application is submitted for reinstatement or endorsement and determines if the nurse may have practiced without an active or current license. Occasionally, practicing without a license cases are opened due to a complaint submitted to the NCBON. If the NCBON licensure department determines that you may have practiced without a license, an investigation will be initiated. In 2024, the NCBON investigated 40 cases regarding individuals who may have been practicing without a license.

Some common examples of ways you could practice without a license include:

- Forgetting to submit your renewal application prior to expiration.
- Being licensed in a state that is not within the compact and actively working in North Carolina.
- Changing your primary state of residence without endorsing into North Carolina, which could lead to the primary state of licensure switching the license from multi-state to single-state status.
- Not completing required steps in primary state to be issued a multi-state license. For example, the nurse licensure compact requires an FBI background check to be completed prior to initiating a multi-state license.

The North Carolina [Nursing Practice Act § 90-171.43](#) outlines expectations for nurses related to licensure requirements. According to [§ 90-171.44\(3\)](#), it is prohibited to practice nursing without a license. Practicing as a nurse includes any role that requires a nursing license in the job description or requirements. Often nurses believe that administrative, non-bedside roles do not require a nursing license, but if a nursing license is required to hold that position, it would be considered practicing without a license regardless of the role.

If the NCBON has notified you that you are under investigation due to practicing without a license, you may not practice nursing until your licensure status is returned to active. During an investigation, you will be contacted by an investigator to discuss the specifics of your case and to provide documentation related to your employment. At the conclusion of the investigation, your case will be reviewed for final determination.



Erika Brooks
MSN, RN
Nurse Investigator



Brittany Pulley
BSN, RN
Nurse Investigator

Continued on next page



There are tools available to nurses to help prevent practicing without a license unknowingly. One tool available is e-Notify, which is a free and convenient way for nurses to keep up to date with their licenses by receiving notifications regarding licensure expiration, licensure updates, and endorsement verifications. This tool is also available to employers who wish to monitor the licensure status of their employees. The NCBON nurse portal is another tool that can be utilized to provide email notifications regarding your licensure status. It is your responsibility to update your contact information (21 NCAC 36.0208) in the NCBON nurse portal, to ensure notifications of licensure updates and changes are received.

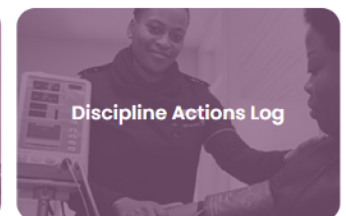
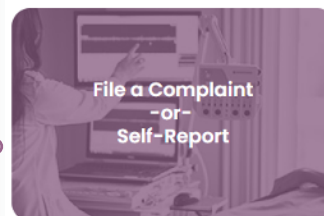
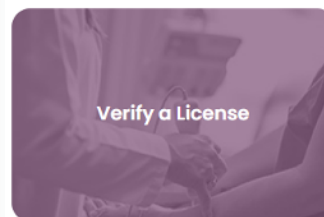
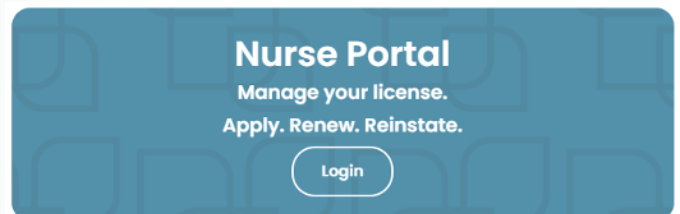
NCBON no longer issues notification via mail that your license is due for renewal. NCBON does issue email notification reminders to the email listed in your nurse portal regarding licensure expiration on day 90, 60, 30, 5 and 1 prior to expiration. License renewals are due every two years by the last day of your birth month. Additionally, if you relocate to or from another state, you will need to contact the NCBON and state of relocation for requirements regarding endorsement. Maintaining active licensure is the primary responsibility of the nurse. Nurses are expected to monitor their licensure status regardless of their compact status and nursing role.

For additional licensure information and to access the NCBON nurse portal, please see the NCBON website at: <https://www.ncbon.com>.

For additional information regarding the nursing licensure compact, see [FAQs | NURSECOMPACT](#).

Need to file a complaint?

If you would like to file a complaint regarding a nurse, click the button on our home page entitled "**File a Complaint or Self Report.**" All complaints must be submitted via this portal to ensure the correct information has been provided by the complainant.



Licensure

What are the NCBON's requirements for a multistate license?



Tony Graham
MS, CPM
Chief Operations Officer

The North Carolina Board of Nursing (NCBON) participates in the Nurse Licensure Compact (NLC), which allows nurses to have **one** multistate license with the ability to practice in their home state and other compact states.

To be considered for a multistate license in North Carolina (NC), you must declare NC as your primary state of residence. Nurses are often confused about the primary state of residency (PSOR). An NC address or owning property does not qualify as residency. The PSOR is defined as the state where you have your fixed, permanent, and principal home for legal purposes. Your primary state of residence is verified through legal documents such as a current driver's license, voter registration card, or federal income tax return. Other acceptable documents include a W2 from the U.S. government or any bureau, division, or agency indicating North Carolina as the declared state of residence or Military Form No. 2058.

Residency is not the only requirement for multistate licensure. Before applying, ensure you meet all other eligibility requirements set by the NCBON, including meeting NC's educational qualifications and passing the NCLEX-RN or NCLEX-PN exam. A list of all requirements to obtain a MSL in NC and the NLC Uniform Licensure Requirements (ULRs), is located on the NCBON website https://www.ncsbn.org/public-files/NLC_ULRs.pdf.

If you relocate to another compact state, you must apply for a new multistate license in the new state within 60 days of establishing residency. Applying for licensure by endorsement promptly when relocating to a new state is the licensee's responsibility and could prevent practicing without a license.

If you have any specific questions or need further assistance, please contact NCBON licensure staff at renewal@ncbon.com



Practice

What scope of practice resources are provided by the NCBON for the RN/LPN?

The North Carolina Board of Nursing (NCBON) receives questions related to the scope of practice for nurses licensed or privileged to practice in North Carolina (NC). To provide guidance on these questions, NCBON offers practice resources that can be accessed at any time. These resources support the mission of protecting the public by regulating the practice of nursing.

The legal scope of practice for the RN and LPN is defined by the Nursing Practice Act [[GS 90-171.20 \(7\) for RNs](#)] and [[GS 90-171.20 \(8\) for LPNs](#)] and the Administrative Code (Rules) [[21 NCAC 36.0224 for RNs](#) and [21 NCAC 36.0225 for LPNs](#)]. Nursing law and rules provide the legal boundaries of nursing practice and apply to all nurses (RNs and LPNs) in all practice settings. Other laws and rules may apply to some practice settings; therefore, within each facility, agency policy will further define the scope of the nurse within that setting. Facility policy may limit the scope of the nurse but never expand beyond the legal scope as defined in nursing law and rules. For example, it is the responsibility within the legal scope of the RN and LPN to document care that is provided; however, agency policy may require a co-signature for documentation performed by the LPN. In this situation, agency policy is limiting the LPN's scope by requiring a co-signature since this is not a requirement of nursing law and rule.

[Position Statements and Decision Trees](#) provide guidance to licensed nurses, employers, the public and others to assist in understanding the scope of practice for RNs and LPNs. Nurses are encouraged to use the [Scope of Practice Decision Tree for the RN and LPN](#) and the [Decision Tree for Delegation to UAP \(Unlicensed Assistive Personnel\)](#) when making decisions of scope as it relates to specific tasks and delegation. Decision trees are set up as algorithms with yes/no answers. If at any point in the decision tree an answer is no, the decision stops and is not appropriate; therefore, guiding the nurse in decision-making.

Currently, more than 30 Position Statements are available providing guidance related to RN and LPN scope of practice on topics such as:

[Accepting an Assignment](#)

[Cosmetic/Aesthetic Dermatological Procedures](#)

[Delegation and Assignment of Nurse Activities](#)

[Infusion Therapy/Insertion/Access Procedures](#)

[IV Hydration Clinics](#)



Stacey Thompson

MSN, RN

Practice Consultant

Continued on next page



[Office Practice Setting – Delegation to UAP](#)

[Physician Orders Communication and Implementation](#)

[Practicing at Level Other Than Highest Licensure/Approval/Recognition](#)

[Procedural Sedation/Analgesia](#)

[RN and LPN Scope of Practice: Components of Nursing Comparison Chart](#)

[Staffing and Patient/Client Safety](#)

[Telehealth/Telenursing](#)

There are also four [Joint Position Statements](#) available as a result of the collaboration between NCBON and other regulatory boards to provide guidance on specific topics such as [Alternative Practice Settings for EMS Personnel](#) and [Nursing Work Environments](#).

The NCBON website (www.ncbon.com) provides valuable information in the [FAQ's section](#) under the Board Info tab. FAQ's provide guidance on various topics such as Education, Nurse Aide II, Nurse Licensure Compact (NLC), Nurse Portal, Practice, Renewal/Reinstatement and others.

In addition to the resources mentioned above, Practice Consultants are available for individual consultations to discuss specific practice questions related to current nursing practice. These consultations are available by email, phone, or a scheduled conference call and may be requested by emailing practice@ncbon.com or calling (919) 782-3211 and asking to speak to a Practice Consultant.

Licensed nurses are accountable to be knowledgeable of nursing law and rules that govern nursing practice. NCBON is committed to providing guidance and resources to promote this knowledge, thereby meeting the mission of public protection by contributing to patient safety and quality of care across North Carolina.



License Verification for Nurses



Contact: nursysadmin@ncsbn.org

nursys[®]

E-NOTIFY

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NCSBN created Nursys, the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

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In just a few minutes, you can join the nearly **one million nurses** already using Nursys e-Notify[®] for:

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- Creating and managing multiple license expiration reminders
- Discipline notifications
- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*

Obtain your NCSBN ID, a number unique to you that allows you to easily identify yourself to applications and processes without providing detailed information.

Learn more and enroll today
nursys.com/e-notify

* See nursys.com for participating BONs.



License Verification for Employers



Contact us for a Demo NursysSupport@ncsbn.org

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E-NOTIFY

Join the nearly 15,000 health care institutions using e-Notify to protect their patients.



NCSBN created Nursys, the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

Nursys e-Notify® delivers real-time notifications right to your inbox:

- Licensure status changes and expiration updates
- Create and manage multiple license expiration reminders
- Multistate and single-state changes within the Nurse Licensure Compact
- Live and dynamic RN and LPN/VN updates sent securely from all boards of nursing
- APRN data and updates from participating boards of nursing*
- Any publicly available disciplinary action
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You can also obtain the **NCSBN ID** for each of your nurses, allowing you to identify your nurses with a unique nurse identifier (UNI) on electronic health records and various databases for documentation, education, research and training purposes.

Learn more and enroll today
nursys.com/e-notify

* See nursys.com for participating BONs.





Interstate Commission of Nurse Licensure Compact Administrators

January 2, 2024, a Nurse Licensure Compact (NLC) rule went into effect. Nurses relocating to another compact state have **60 days** from the time they move to apply for a new license by endorsement in a new primary state of residence.

The Amended NLC Residency Rule states:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

Helpful FAQs and a brief video about the new rule are available online. Nurses can enroll at no cost in Nursys eNotify to receive notifications related to license renewals at www.nursys.com.

For more information



Visit
www.nursecompact.com



email
nursecompact@ncsbn.org



The next issue of

 **The
Bulletin**

will be released in October 2025

What to expect...

- 2025 Elected Officers and New Members
- Nomination Form for 2026 Election
- Q&A Corners
- ...and much more!

*“The only way to make your voice heard is to use it.”
— Geddy Lee*

