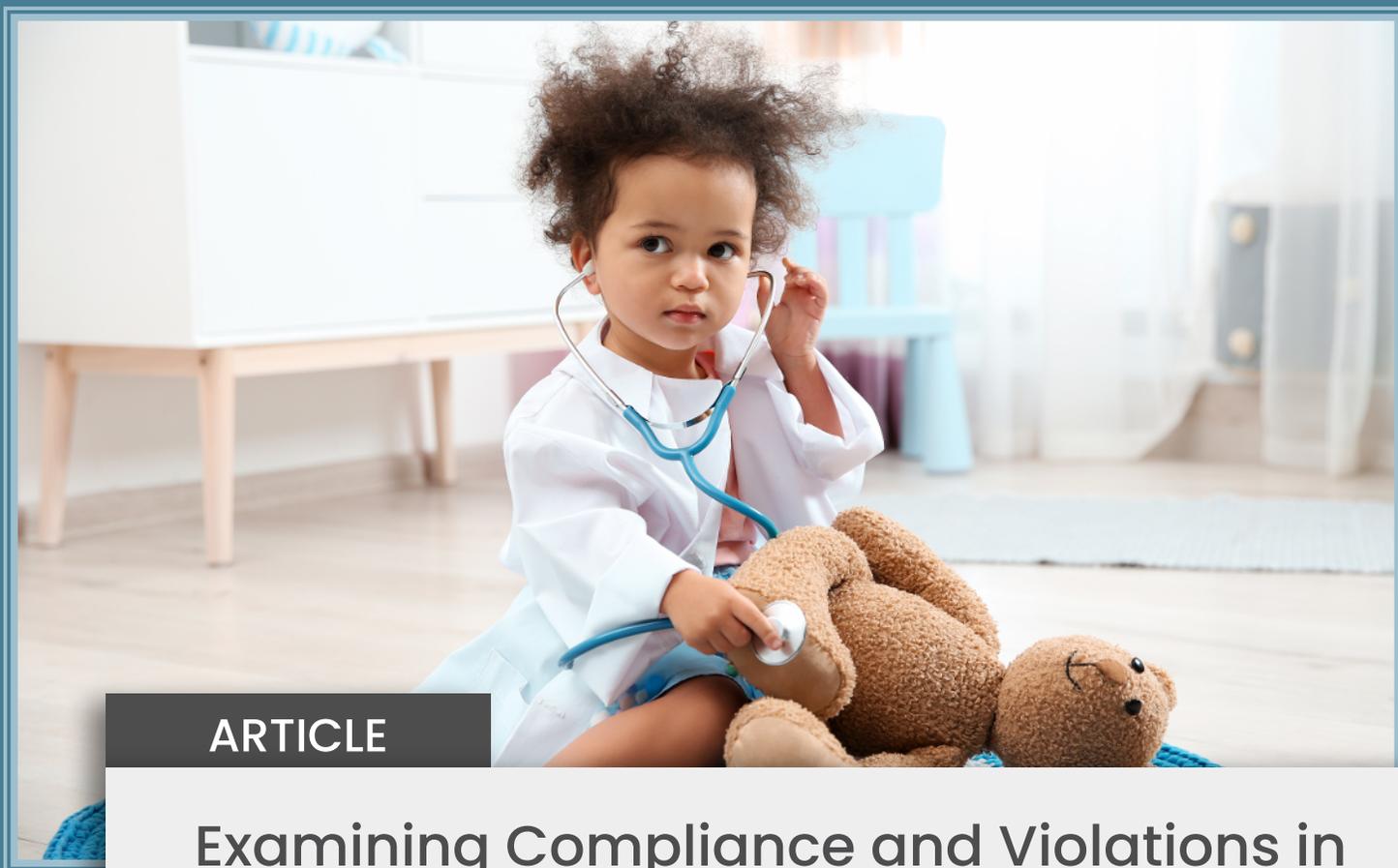


The Bulletin

The Official Publication of the North Carolina Board of Nursing.



ARTICLE

Examining Compliance and Violations in Home Health Nursing

*Protect the public by regulating
the practice of nursing.*



The Bulletin

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

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Mission

Protect the public by regulating the practice of nursing.

Vision

Leading nursing regulation through exemplary nursing care for the public.

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

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message from the

CEO



Crystal L. Tillman
Chief Executive Officer

“Great things are not done by impulse, but by a series of small things brought together.”

Vincent van Gogh

Greetings to NC Nurses!

As we start 2026, events can shape how we think, feel, or even react. As we navigate the challenges we face, I am reminded of the resilience of nurses and their passion for advocating for the right thing at the right time, for the right reasons. Nurses are the frontline barrier, advocating for patients when something does not feel right (you know that ‘gut intuition’). Nurses speak up, are innovators, courageous leaders, problem-solvers, and are the change agents. I thank you for this dedication to the health, safety, and welfare of your patients and communities. Yet again (the 24th consecutive year), nurses have been voted by the public as honest and ethical, according to the Gallup Polls. Congratulations and thank you for your dedicated service to your communities!

During the January 2026 Board Meeting, we welcomed the three newly elected members. Thank you to each North Carolina Licensee who participated in last year’s election process.

- Christopher Burr MSN, CRNA (RN-At-Large)
- Kelly Dahl MSN, RN (RN-Practical Nurse Educator)
- Dachia Thompson LPN (Licensed Practical Nurse)

Additionally, Drs. Racquel Ingram and LaDonna Thomas assumed their roles as Chair and Vice-Chair, respectively. The 2026–2029 [Strategic Plan \(page 12\)](#) was approved by the Board on February 25, 2026. This plan will guide us over the next four years as we meet our mission of public protection. A central focus will be engaging stakeholders in nursing workforce needs. During each Board Meeting (January, May, and September), I will provide an update on the status of the Strategic Plan. I encourage you to tune in via our Live Stream or attend these meetings in person so you remain updated on policy decisions and discussions.

Again, thank you for your dedication, and I look forward to all that we will accomplish together!

Highest regard,

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



message from the

Board Chair



Racquel Ingram
Board Chair

Dear North Carolina Nursing Peers,

I bring you greetings as NCBON Chair and hope you are progressing well in your respective area of nursing practice. I also hope you are maintaining a good balance of work and well-being in terms of self-care. Since artificial intelligence (AI) is increasingly impacting healthcare delivery and nursing practice, I thought I would share a few related thoughts.

As organizations continue to integrate AI into healthcare environments, from monitoring systems to automated technologies and documentation tools, it is important that we, as nursing professionals, are informed about its capabilities and limitations. Following are some examples of how AI can support and enhance nursing practice across clinical, administrative, and educational settings, along with a reminder that AI should never be mistaken as a replacement for a nurse.

AI as a Support to Nursing Practice

AI-powered decision support tools can provide an evidence-based safety net alongside clinical judgment, leading to improved patient outcomes and the potential to reduce preventable harm. AI tools can also reduce the time nurses spend on documentation, benefiting both patient experience and nurse well-being.

In high-acuity settings such as the ICU and telemetry units, AI-enabled continuous monitoring systems can detect subtle physiological changes that may not be immediately apparent, supporting early intervention where it is most critical. AI can further strengthen medication safety by automatically cross-checking prescriptions against a patient's known allergies, renal and hepatic function, existing medication regimen, and weight-based dosing requirements. These checks complement, but do not replace, the nurse's own verification responsibilities at the point of care.

AI-driven predictive analytics can help nurse managers anticipate patient numbers, acuity changes, and staffing requirements, helping to reduce shortfalls, mitigate burnout, and improve continuity of care. Additionally, AI-driven adaptive learning platforms can identify knowledge gaps and tailor content accordingly, while simulation environments and virtual patients allow students to practice clinical reasoning using realistic scenarios.

Why AI Does Not Replace the Nurse

AI works best as a support tool, not a replacement for clinical judgment. Nurses bring irreplaceable skills that no algorithm can replicate, including empathy, patient assessment, therapeutic communication, and ethical reasoning. At the same time, AI systems trained on unrepresentative data may perform less reliably for certain patient populations, and nurses must



remain vigilant about equity in AI-assisted care and be aware of the potential for algorithmic bias.

Nurses should seek education and training on the AI tools deployed in their workplaces and advocate for meaningful involvement in implementation and governance processes. Professional accountability remains with the nurse since the use of AI tools does not transfer clinical responsibility, and nurses retain full accountability for delivered care.

In summary, AI represents a significant opportunity to strengthen nursing practice by increasing patient safety, reducing administrative burden, supporting nursing education, and improving nurse well-being. As healthcare organizations continue to adopt these technologies, nurses are well-positioned to champion responsible, patient-centered AI implementation, ensuring that these tools and technologies serve as a support to, and never a replacement for, the compassionate, high-quality care that nurses provide. I encourage you to incorporate AI in your continuing education and continue your well-being trajectory.

Respectfully,

Racquel Richardson Ingram, PhD, RN
NCBON Board Chair

The NCBON recognizes the use of AI in nursing practice is an evolving topic of importance which requires more research prompting further discussions. While the message from Dr. Ingram highlights the use of AI in nursing practice settings, the NCBON does not currently have a position statement on the use of AI in nursing practice.



**Don't get caught out
on a limb!**

Click here to review the
NCBON Position Statements and
Decision Trees





NCBON
North Carolina Board of Nursing



Racquel Ingram
Board Chair



LaDonna Thomas
Board Vice-Chair

2026 Board Members



Christopher Burr



Kelly Dahl



Arlene Imes



Andrea Jeppson



Brooke Kistler



Dianne Layden



Tom Minowicz



Angela Moore



Carmen Shaw



Aimy Steele



Dachia Thompson



Karen York



NOMINATIONS FOR 2026 ELECTION

General Nomination

Although we just completed a successful Board of Nursing election, we are already preparing for our next election. In 2026, the Board will have three openings: RN – Staff Nurse, RN – ADN/Diploma Nurse Educator, and Licensed Practical Nurse. The nomination form must be submitted by each petitioner via the [Nurse Portal](#) on or before April 1, 2026. Read the nomination instructions and make sure the individual being nominated meets all the requirements.

Instructions

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

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

Minimum ongoing employment requirements for both RNs and LPNs shall include continuous employment equal to or

greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN-At-Large position.

If you are interested in being a nominee for one of the positions, visit the [NCBON website](#) for additional information, including a Board Member Job Description and other Board-related information. You may also contact election@ncbon.com. After careful review of the information packet, you and your petitioners must each complete the electronic nomination form by 5:00 pm April 1, 2026.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the electronic nomination form will be considered.
3. The Nurse Portal will validate that the petitioner and each nominee holds appropriate North Carolina licensure.
4. If the nominee receives fewer than ten petitioners, the petition shall be declared invalid.
5. Petitions must be submitted via Nurse Portal nomination form on or before 5:00 pm on April 1, 2026 for the nominee to be considered for candidacy.
6. Elections will be held July 1, 2026 through August 15, 2026. Those elected will begin their terms of office in January 2027.

[Click here to begin](#)



NCBON Board Business Meeting

January 22, 2026 | 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.*



Nursing Rules Roundup



General Statute §150B-21.3A requires state agencies to review all existing administrative rules every 10 years. In compliance with this statute, the NCBON conducted a review of Title 21 Chapter 36 Board of Nursing and made an initial determination as to the classification of each rule.

On January 22, 2026, the Board approved the Initial Periodic Review Determination Report as presented. As part of this process, the NCBON invites the public to submit written comments concerning the Board's initial classification of these Rules.

The public comment period for the Initial Periodic Review Determination Report runs from March 1, 2026 until close of business on May 8, 2026.

For more information regarding this review and how to submit written comments, visit the NCBON website at:

<https://www.ncbon.com/periodic-review>

Stay informed regarding proposed rule adoptions, amendments, and repeals by visiting our website at [ncbon.com](https://www.ncbon.com) 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!





NCBON Staff Presentations Available for Students

Presentation Objectives

- Discuss the Mission, Vision , and Values of the NCBON
- Explain the Nursing Practice Act and Rules
- Discuss NCBON Elections
- Identify NCBON Resources
- Identify and Review Licensure Information
- Differentiate Between the NCBON and NC Nurses Association
- Discuss NCBON Legislative Activities

To request a speaker, email practice@ncbon.com

Here you are!



We've missed you!

Have you changed jobs recently?

Maybe moved to a new address?

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

It's the **rule***!

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

NCBON Nurse Portal



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

2

Advance best practices in nursing regulation

3

Cultivate an organization that supports diversity, equity, and inclusion

4

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

The 2022 – 2025 Strategic Plan Final Report was presented to the Board at the January Board meeting. The Board is proud to report that 96% of all active targets were either achieved or are on-track to continue into the upcoming Strategic Plan for 2026 – 2029 found on page 12 of this issue. Key achievements identified over the last 4-year cycle include:

- Monitored proposed legislation with potential impact to nursing regulation. Chapter 33 Midwifery Joint Committee Rules were effective October 1, 2024 to implement Senate Bill 20/SL 2023-14.
- Collaborated with The Cecil G. Sheps Center for Health Services Research at the University of North Carolina for nursing workforce research projects to include an APRN Workforce Study.
- Developed FAQs for each APRN role.
- Established new pre-licensure nursing education programs, expanded options for Mutual Support Groups for nurses in AP/DP, and published an updated simulation guidance document.
- Reviewed, revised, and implemented new branding for NCBON to include redesign of website, *The Bulletin*, social media platforms, and expanded social media presence.
- Reviewed Laws, Rules, position statements, trends, and issues related to telehealth/telenursing.

For more information on the Strategic Plan, visit our website at [Strategic Plan | North Carolina Board of Nursing \(ncbon.com\)](https://ncbon.com)





2026-2029 Strategic Plan

Mission To protect the public by regulating the practice of nursing.

Vision Leading nursing regulation through exemplary nursing care for the public.

Value Statements

Equity | We adhere to the principles of fairness and consistency in regulation.

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

Agility | We champion innovative ideas and adapt to emerging healthcare needs.

01

Enhance public protection through collaborative leadership.

- Proactively engage in monitoring and shaping healthcare policy by collaborating with diverse stakeholders to ensure equitable and safe nursing care for all.
- Maintain adequate resources to fund operations.
- Strengthen organizational visibility through strategic partnerships.
- Advance nursing regulatory policies that address substance use and mental health issues affecting patient safety.
- Evaluate and adapt nursing regulations during emergencies, ensuring flexibility while maintaining public safety and professional standards.

02

Champion advancements in nursing regulation.

- Ensure fair, efficient, and effective regulatory processes reflective of the Just Culture™ model.
- Incorporate data-driven regulatory decisions to enhance quality outcomes and improve efficiencies.
- Collaborate with diverse stakeholders to share best practices that drive innovation in nursing regulation.

03

Promote best practices for the use of technology in nursing regulation.

- Implement regulatory policies designed to adapt and support safe nursing care as emerging technologies evolve.
- Utilize best practices for data security.



Upcoming Meetings

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

Board Business Meeting

May 21, 2026

Administrative Hearings

May 20, 2026

July 29, 2026

Hearing Committee

March 25, 2026

April 29, 2026

June 24, 2026

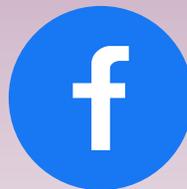
Education & Practice Committee

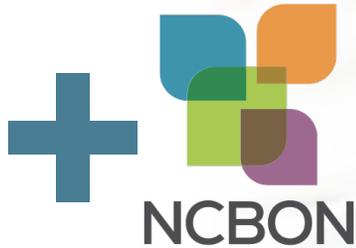
March 4, 2026

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.





Joint Regulatory Webinar on IV Hydration and IV Therapy

Author: Sara Griffith, PhD, MSN, RN, NE-BC

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public by regulating the practice of nursing. After multiple calls and requests for information, along with some identified concerns related to nursing practice in IV hydration and IV therapy businesses, the North Carolina Board of Pharmacy (NCBOP) convened a working group to discuss the need for a regulatory webinar to educate practitioners. On September 4, 2025, the NCBON and the NCBOP presented a live webinar: Joint Regulatory Webinar on IV Hydration and IV Therapy. There were over 400 registrants for the webinar. The objectives for this webinar are:

1. Discuss the legal scope of practice and responsibilities of the Registered Nurse (RN) and Licensed Practical Nurse (LPN) within an IV Hydration setting.
2. Review pertinent laws and rules pertaining to IV infusion practice.
3. Identify the Advanced Practice Registered Nurse (APRN) scope, responsibilities, and some common standard-of-care issues.
4. Explain common nursing practice act violations related to IV infusions.
5. Discuss the North Carolina Board of Nursing investigation process.
6. Define the North Carolina General Statute of a pharmacy and compounding under state and federal law.
7. Explain the Key Requirements for Sterile Compounding.
8. Describe what could happen when Sterile Compounding is conducted incorrectly.

After the webinar was completed, the NCBON received multiple inquiries regarding the webinar's availability. The registration for this webinar is available at www.ncbon.com under the 'Education' tab. Click on presentations and register to view the recording.

LPNs, RNs, and APRNs can obtain contact hours. Other professionals will obtain a certificate of completion. Registration is required to access the recording. There is no fee.

Register Now!

Resources:

Non-Pharmacist Dispenser Registration – Dispensing Nurse Practitioner

- 21 NCAC 46.1703 Drugs to be Dispensed
- Compounding Statutes, Rules, and Standards Governing Compounding



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 leading nursing regulation through exemplary nursing care for the public. 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 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!

License Verification

Are you an employer of nurses or a patient seeking verification of a nurse's licensure status? Did you know this information is readily available on the North Carolina Board of Nursing's website?

The North Carolina Board of Nursing (NCBON) provides access to employers and the public via the website (<https://www.ncbon.com/verify-nc-license>) to verify a nurse's licensure status. The following licensure types can be verified:

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Nurse Aide II (NAII)
- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)

To verify a license, click on 'Single License Verification' to obtain the licensure information for a nurse. After clicking on Verify a License, you can either search by license number or name.

For employers seeking bulk verification of nurses employed at your agency, click on 'Bulk Licensure Notifications and Reports' for additional information on how to obtain licensure expiration and status for your employees. Nursys e-Notify is a free service offered by the National Council of State Boards of Nursing to quickly verify or receive reports on the nursing staff at your agency.

The screenshot shows the NCBON website's 'License Verification' page. At the top left is the NCBON logo with the text 'North Carolina Board of Nursing'. Below the logo is a dark blue header with the text 'License Verification'. Underneath, it says 'You may search for a North Carolina license/listing by:' followed by two bullet points: 'Search by North Carolina License/Listing Number' and 'Search by Name/City'. There are two search input fields: one for 'Search by North Carolina License/Listing Number' and another for 'Search by Name/City'. Below these are two required fields: '* License/Listing Number' (a text input) and '* License/Listing Type' (a dropdown menu). At the bottom left of the form is a checkbox labeled 'I'm not a robot' next to a reCAPTCHA logo and the text 'reCAPTCHA Privacy - Terms'. At the bottom right are two buttons: 'Search' and 'Exit'.

To obtain answers to commonly asked questions regarding verifying a NC Nurse, the NCBON has created a FAQ section:

[FAQ | Verify a License](#)

If you have a question about the licensure verification process or need assistance, use the Email Us form to submit your questions.

[Email Us](#)



Disciplinary Action Log

In an effort to provide the public, employers, or others seeking information on the disciplinary action for nurses (LPN, RN, NP, CRNA, CNS, and CNM), a discipline action log was created. To access this log, go to www.ncbon.com and hover over 'Investigations' and click on 'Discipline Actions Log.' On this page, the last 100 disciplinary actions will be listed. If you are searching for a specific nurse, enter the information at the top of the page.

If a nurse has disciplinary action, the public document is available on the website.

The screenshot shows the NCBON logo at the top left. Below it is a dark blue header with the text "Disciplinary Action Search". The form contains several input fields: "Action Date From" and "Action Date To" both with a placeholder "MM/DD/YYYY"; "First Name" and "Last Name" as text boxes; "License Number" as a text box; and "License Type" as a dropdown menu with "All License Types" selected. At the bottom right of the form are two buttons: "Search" and "Exit".

The screenshot shows the NCBON logo at the top left. Below it is a dark blue header with a blurred name. The main content area is titled "RN Permanent License # [redacted]". It displays the following information:

- Approval Date:** 06/20/2018
- Expiration Date:** 05/31/2026
- Confirmation/Reference #:** [redacted]
- License Status:** Active (green box)
- Charges/Discipline:** Yes (red box)
- Compact Status:** [redacted]

Below this information is a pink box with the text: "Effective November 2006, the NC Board of Nursing began displaying public documents for charges and/or disciplinary actions taken against a license."

At the bottom, there is a table with two columns: "Public Document" and "Date".

Public Document	Date
Published Consent Order	10/16/2025

Have questions about the public document?

Email Us!



Examining Compliance and Violations in Home Health Nursing

Nursing care is provided in various settings including, but not limited to acute care hospitals, outpatient care clinics, long-term care facilities and home health services. The home health setting may involve a different care model in that the nurse may be the only licensed professional in the home. This article provides a review of the nurse's scope of practice and legal responsibilities specific to the home health setting to equip licensed nurses with knowledge to provide safe nursing care and avoid potential violations of the [Nursing Practice Act \(NPA\)](#).



Background:

One of the functions of the North Carolina Board of Nursing (NCBON) through the statutory authority of the NPA ([General Statute 90-171.20](#)) is to investigate complaints of potential violations that may involve:

- Inappropriate Interactions with a Client, Physical or Verbal,
- Failure to Maintain Minimum Standards,
- Abandonment,
- Neglect, and
- Drug Diversion.

As of November 1, 2025, NCBON [RN/LPN Practice Statistics](#) indicate 3,864 RNs and 1,567 LPNs practice in a home health setting in North Carolina. Home health nurses make up approximately 3.02% of the total 180,000 licensed nurses practicing in North Carolina (NCBON, 2025).

Accepting an Assignment

The NPA is the law governing nursing practice in North Carolina (NC) and holds all licensed nurses accountable for individual actions, behaviors and competence. Nurses must possess competencies relevant and specific to the care needs of clients and are responsible for accepting only assignments for which they are competent to perform. This is the first step in providing a safe care environment. [21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse](#) and [21 NCAC 36 .0225 Components of Nursing Practice for the Licensed Practical Nurse](#) provide criteria for the nurse's consideration in accepting an assignment. In home health, before accepting an assignment, the nurse may need to assess equipment in the home that will be used to provide care to ensure appropriate education has occurred to establish competence using the equipment. The nurse may also need to think critically about potential complications that may present or additional resources or supplies that may be needed in addition to ensuring emergency guidelines and protocols are in place. The licensed nurse has the right to refuse an assignment



which may not be considered abandonment. In these situations, NCBON encourages the licensed nurse to voice concerns to nursing leadership in an effort to negotiate care needs with available resources and nurse competencies. Florence Nightingale wrote, “Let us never consider ourselves finished nurses. We must be learning all of our lives.” Home health nurses and employers must work together to ensure and verify competencies are in place for every home health assignment.

Professional Integrity

Regardless of the setting where nursing services are provided, patient safety and professional integrity are essential. Florence Nightingale said, “Let whoever is in charge keep this simple question in [their] head (not, how can I always do this right myself, but) how can I provide for this right thing to be always done?” Nursing rules hold licensed nurses responsible for self. The

*“Let whoever is in charge keep this simple question in [their] head (not, how can I always do this right myself, but) how can I provide for this right thing to be always done?”
~ Florence Nightingale*

importance of this standard in home health can be illustrated in the way that most often the nurse is the only licensed professional present to monitor care that is provided. Advances in technology may provide devices in the home health setting to assist with in-home cameras and patient monitoring devices. These devices may be used by families to monitor care of patients by recording videos of the nurse providing care to the patient. Video evidence can be reviewed by

the NCBON in an investigation of a complaint and can be the deciding factor in a case alleging a violation of the NPA. In addition, licensed nurses must understand documentation requirements including internet availability for electronic health record documentation. These types of technology and documentation are the only substantiation of the care provided by the nurse in the home health setting and can be used to substantiate or refute a complaint.

Collaboration

A 2023 study revealed that the safety of a patient in home health care is best met when the nurse, family caregiver, client, provider, and home health agency collaborate to provide the optimal care model for that patient (Shahrestanaki, et al, 2023). Collaboration between care team members is a key component in ensuring the home care nurse provides safe, effective and evidence-based care to the home health client. Home health nurses must work with family care providers(s), home health agency, healthcare provider(s), and outside resources such as respiratory therapy or physical therapy and others to meet the needs of the client. Expectations of the client and family should also be considered. An example might include the nurse asking for a demonstration of care from the family caregiver or a nurse who has provided care to the client before assuming care. Collaboration is also effective when the care team meets periodically to review and evaluate the client’s plan of care and revise as needed to maintain delivery of safe and effective care.

Conclusion

Nursing law and rules establish the minimum standards of nursing care. When minimum standards are not met, the nurse’s actions may potentially violate the NPA and be reported to the NCBON. The Board has received complaints regarding home health nurses related to competency, unprofessional conduct, safety, and maintaining minimum standards. Recent

Continued on next page



complaints and NCBON disciplinary actions are available at www.ncbon.com: [Disciplinary Actions](#). It is important for licensed nurses to understand the law and rules that govern nursing practice in order to function within the legal boundaries of the scope of practice and provide safe and competent care to clients in all settings, including the home health setting.

Practice Scenarios

Two scenarios are presented to provide guidance to licensed nurses related to accepting assignments within the home health setting.

1 Practice Scenario

Patricia, LPN, has worked as a rehabilitation nurse for the past five years. Patricia has recently been hired to work for a pediatric home health staffing agency. The home health agency director of nursing (DON) assigned Patricia a 12-hour night shift providing home health care for a 2-month-old premature infant with a tracheostomy. Patricia expressed to the DON concerns of her lack of experience caring for an infant with a tracheostomy, even though Patricia has cared for adults with tracheostomies many times. The DON advises Patricia that the infant's mom does most of the suctioning of the tracheostomy and the previous shift nurse will provide a bedside in-service before leaving the home.

What should Patricia do?

Patricia

Patricia should first ensure appropriate supervision by an RN is available to her. The LPN scope is dependent on the appropriate assignment and supervision by an RN as defined in [21 NCAC 36 .0225 \(d\)\(3\)](#) and the Position Statement: [LPN Scope of Practice - Clarification](#).

Patricia could ask the supervising RN to accompany her to the first shift to ensure that Patricia is properly educated, trained, and competent before providing care to the child alone. The RN could reference the Lippincott Nursing Procedures Manual which offers evidenced-based step-by-step tracheostomy care guidance for nurses (Nettina, 2019).

Patricia should consider the patient population, infants have much smaller airways than adults and could more readily occlude than adults; the 2025 American Journal of Respiratory and Critical Care Medicine state the following: "small tube diameter and high secretion burden further increase the risk of obstruction, particularly in young children." [Care of Infants and Children with Tracheostomies: An Official American Thoracic Society Clinical Practice Guideline - PMC](#). Patricia could seek consultation from the agency's collaborative respiratory therapist.

Patricia could consider refusing the assignment. The NCBON provides a position statement regarding [Accepting an Assignment](#).



2 Practice Scenario

Beth, LPN, is assigned by a home health care agency to provide care to a 6-year-old client with a history of head trauma resulting in a chronic seizure disorder. The child is approved for 18 hours of licensed nursing care each day. Beth accepted a 12-hour night shift and upon arrival for the shift, finds the child already bathed and asleep in bed. Pulse oximeter readings are 95% or greater. At 8:00 pm, the child's mother presents into the room and requests Beth to administer PRN Ativan via feeding tube and place PRN oxygen on the child. The mother explained, this would help the child "rest throughout the night and then have a good day in therapy the following day." Beth reviews the provider orders with the mother and explains that Ativan is ordered for signs of anxiety, and the oxygen is ordered for saturation less than 92%. Beth explains that administering the medication and adding the oxygen without following the provider's parameters would be exceeding her scope of practice. The mother continues to insist that Beth provide the requested care so the child will sleep all night and states, "all the other nurses do this when I ask." Beth contacted the on-call supervising RN for guidance. The on-call RN tells Beth to "do whatever the mother requests so that the agency does not lose this long-term care client."

What should Beth do?

Beth

Beth was right to question the request of the mother and should refuse to administer the PRN medication and oxygen. Performing care outside the parameters of the provider order exceeds the LPN's scope of practice and may be a potential violation of the NPA.

Beth could provide the contact information of the on-call supervising RN and allow the mother to request another nurse provide care for the child and leave the child in the mother's care until the nurse arrives. This would be acceptable because the mom would have spoken with the supervising RN and the mom provides care for the child six hours per day.

Beth should document the interactions and conversations with both the mother and the on-call supervising RN in the client's health record. Beth could request a care meeting to include the mother, staffing agency supervising RN, healthcare provider, and other staff nurses so that orders and boundaries can be reviewed and clarified.

Becky Ezell
BSN, RN, CPN
Nurse Investigator



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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 **OR** LOGIN TO YOUR NURSE PORTAL AND HOVER OVER "APPLICATIONS" AND SCROLL DOWN TO "WORKSHOPS."

Online Bulletin Articles

For more articles, go to www.ncbon.com Education Bulletin Articles

- Examining Compliance and Violations in Home Health Nursing
- What is Considered Withholding from a Nursing Regulatory Perspective?
- Nurses' Emotional and Mental Health: Nursing Implications and Resources

Nurse Leader Regulatory Orientation

The 2026 sessions are listed below as follows:

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 ABNPI583; Valid Through 5/20/2028). Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.

April 21, 2026 (virtual)
September 9, 2026 (in-person)

Registration is available via your Nurse Portal, under "Applications" and then "Workshops."

Available Online

Legal Scope of Practice Online Course (1.2 CNE) – 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.

Continuing Competence: A Licensure Requirement Online Course (1.2 CNE) – The purpose of this offering is to provide information regarding the reflective practice model of continuing education and its implementation with continuing competence requirements.

Joint Regulatory Webinar on IV Hydration and IV Therapy (1.8 CHs) (pre-recorded) – Learn about legal scope of practice and responsibilities of the RN and LPN and how these apply to the IV Hydration setting, pertinent laws and rules pertaining to sterile drug compounding and IV infusion, APRN scope and responsibilities and identifying some common standard of care issues, common nursing practice act violations related to IV infusions, NC Board of Nursing investigation process, North Carolina General Statute of a pharmacy and what defines compounding under state and federal law, key requirements for sterile compounding, and what could happen when sterile compounding is conducted incorrectly.

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 NCBON 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.

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.



Looking to register for a presentation or webinar?

Nurse Portal

Manage your license.

Apply. Renew. Reinstate.

Login

Look no further than your **Nurse Portal**.

To register for regulatory education offerings, log into the **Nurse Portal**, go to "**Applications**" and scroll down to "**Workshops**."

NURSING STATISTICS

Education Statistics

The NC BON 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).

NCLEX® Historical Pass Rate Data

Historical NCLEX® pass rates, are located on our website (click on the button to the left).



APRN

As a nurse practitioner, can I perform this procedure or offer this therapy?

Guidance for Nurse Practitioners on Prescribing or Performing Therapies and Procedures

As Nurse Practitioner (NP) roles continue to evolve, it is essential to ensure that any therapy or procedure you plan to prescribe or perform is within your scope of practice and supported by appropriate education and training.

Confirm Clinical Appropriateness

Ensure the treatment or procedure is evidence-based, suitable for your patient population, and covered by your collaborative practice agreement (CPA).

[21 NCAC 36 .0810 \(2\)\(c\) Quality Assurance Standards for a Collaborative Practice Agreement](#) mandates that all NPs must practice under a CPA with a supervising physician that:

"...(c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner..."

Review and Align with National Certification Standards

Consult your national certifying body (e.g., AANP, ANCC) to confirm their support for the therapy or procedure.

Ensure Equivalent Education and Training

You must possess at least the equivalent level of education and training as other licensed professionals who routinely perform the same procedure. This includes formal coursework, supervised clinical experience, and competency validation.

Evaluate Scope of Practice and Role Alignment

Confirm that performing the procedure is consistent with your NP role, state regulations, and your certifications. For novel or emerging NP roles, ensure that the procedure is explicitly supported by your credentials and regulatory guidelines.

Update Collaborative Practice Agreement (CPA)

If the procedure is within your scope, include it in your CPA or other required supervisory agreements with your collaborating physician.

Follow Organizational Credentialing Requirements

Most healthcare organizations have a credentialing process that specifies:

- Required education and training for NPs
- Competency demonstration and documentation
- Ongoing maintenance of skills

It is best to keep these records for up to 5 years in the event of any audit.



Kimberly Luisana

DNP, NP-C

Advanced Practice
Consultant



Compliance



Alison Bailey
Director, Compliance

What is a probationary license?

N.C.G.S. § 90-171.23 establishes the North Carolina Board of Nursing's (NCBON) authority to "determine and administer appropriate disciplinary action." A probationary license (PL) may be required following an investigation establishing clear and convincing evidence of a violation of the Nursing Practice Act (NPA) or upon reentry into practice after a period of time. The intent of a PL is to verify remediation of the nurse's practice through a period of monitored, satisfactory nursing practice.

PL conditions are set forth in a published, disciplinary Order posted on NCBON's license verification system and Nursys®, the national licensure and disciplinary database. Upon execution of a PL Order, the participant is contacted by the designated NCBON Compliance Case Analyst responsible for monitoring compliance with the conditions of the PL Order. Key tenets of a PL include:

- A single-state license for the duration of participation.
- A minimum period of monitored nursing practice, typically 12 months, with quarterly performance evaluations completed by an approved licensed supervisor evidencing a minimum of 64 hours of satisfactory nursing practice each month.
- A deadline to satisfy the probationary conditions, usually double the length of the PL.
- Standard conditions include notifying the NCBON of changes in employment, a limit to one employer and one site at a time, no volunteering as a nurse, and no supervisory nursing employment.

Additional conditions may be required, based on the specific facts of the violation. Examples include, but are not limited to:

- Restricted to employment with an on-site registered nurse
- Shift and overtime restrictions
- Restrictions on specific practice areas
- No access to or accountability for controlled substances
- Continuing in the care of a therapist or psychiatrist
- Probation reports, if on supervised court probation
- Random drug screening and reporting medications to the NCBON
- Completion of courses or essay examination

PL participants are subject to the Order conditions until the specified duration of satisfactory nursing practice has been met. If the Order is terminated due to non-compliance, the license is suspended for a minimum of 12 months, and the participant is required to appear before the Licensure Review Panel to request reinstatement.

Additional questions:

Contact Alison Bailey, Director of Compliance
abailey@ncbon.com



Education



Jennifer Lewis

PhD, MSN/MBA, RN
Director, Education

What updates have been made to the NCLEX® standard in North Carolina?

During the 2021 – 2023 calendar years, the Education and Practice Committee of the NC Board of Nursing (NCBON) conducted a comprehensive review of the education rules governing pre-licensure nursing education programs in North Carolina. This review resulted in the adoption of rule amendments by the full Board, which were enacted on March 1, 2024. Those amendments were outlined in *The Bulletin*, Volume 20, No. 2, Issue 60. The purpose of the article is to highlight the current NCLEX® standard for Board approved pre-licensure nursing education programs.

Nursing graduate performance on the National Council Licensure Examination (NCLEX®) for RNs or PNs is one measure used by the NCBON in its ongoing efforts to monitor a program's compliance with established rules. Specifically, [21 NCAC 36 .0320\(c\)](#) states, the program shall maintain 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.

The national pass rates for NCLEX®-RN and PN examinations are provided annually in January by the National Council of State Boards of Nursing and are subsequently posted on the NCBON website with program-specific pass rates. The 2025 calendar year was the first year the NCBON used the NCLEX® standard as stated in [21 NCAC 36 .0320\(c\)](#) to assess programs. Overall, NC graduates outperform national metrics on the NCLEX® exam. However, when a nursing program is unable to demonstrate evidence of meeting the minimum NCLEX® standard, the NCBON holds the authority to place that program on Warning Status until sufficient evidence is submitted to demonstrate correction of the deficiency in accordance with [21 NCAC 36 .0303\(d\)](#). Given the NCLEX® standard is a publicly available metric of program performance, the table below details how programs are assessed for continued compliance.

Continued on next page

Next Generation
NCLEX®

Click here to view
NCLEX® Pass Rates



Year	Assessment Process for NCLEX® Pass Rates
2026	<ul style="list-style-type: none"> • The NCBON Education Department reviewed the 2025 year-end pass rates in January. • The NCBON assigned Warning Status based on program adherence to the NCLEX® standard. • If a program is assigned Warning Status, this will be considered their first year on Warning Status for any given program.
2027	<ul style="list-style-type: none"> • The NCBON Education Department reviews the 2026 year-end pass rates in January. • The NCBON assigns Warning Status based on program adherence to the NCLEX® standard. • If a program was previously assigned Warning Status in 2026 for low NCLEX®, and is reassigned Warning Status due to assessment of 2026 year-end pass rates, this will be Year 2 of Warning Status for any given program. • If a program meets the NCLEX® standard, based on 2026 year-end pass rates, the program will be returned to Full Approval Status, provided no additional violations are assessed.
2028	<ul style="list-style-type: none"> • The NCBON Education Department reviews the 2027 year-end pass rates in January. • The NCBON assigns Warning Status based on program adherence to the NCLEX® standard. • If a program was previously assigned Warning Status for the prior two consecutive years (2026 and 2027), the program will come before the full NCBON for possible closure in accordance with 21 NCAC 36 .0303(d). • If a program meets the NCLEX® standard, based on the 2027 year-end pass rates, the program will be returned to Full Approval Status, provided no additional violations are assessed.

A list of all Board-approved pre-licensure nursing education programs is available on the NCBON website under the header "Approved Nursing Programs."

Should you have questions regarding the process outlined above, please contact the NCBON Education Department at education@ncbon.com.



Investigations

What are nurses' documentation responsibilities when using secure messaging apps?



Pamela Trantham
MSN, RN, PMHNP-BC
Senior Nurse
Investigator

We all love tools designed to help us work smarter and not harder...time savers that make our day a little easier. Healthcare agencies may integrate the electronic medical record with the capability to send secure messages via an app. This technology allows nursing staff and providers to communicate regarding a mutual patient's needs while complying with Health Insurance Portability and Accountability Act (HIPAA) regulations.

Secure messaging apps may enhance communication and continuity of care in the following ways:

- Providers have the ability to communicate with nursing staff directly by using the app.
- Nurses have the ability to access the provider when needed, versus leaving messages with office staff and then waiting for return calls.
- Orders for care may be provided and implemented more efficiently and in a timely manner.

While secure messaging apps may enhance timely contact, the responsibility for documentation remains the same regardless of the mode of communication (e.g., telephone, in-person). The North Carolina Board of Nursing (NCBON) has received complaints regarding nurses who have failed to document communication(s) in the patient record when using secure messaging apps.

Messages within a secure messaging app are strictly between two parties (unless others are added to the conversation); and the failure to chart the information obtained through an app into the patient's medical record means that other members of the healthcare team (e.g., oncoming nurse, consulting provider, pharmacy team, or respiratory therapy) may not be privy to crucial information about the patient.

Documentation should be viewed as a means of continuity of care for the patient. A simple note documenting when contact was made and any orders received (or not) may take an extra minute or two to complete, however that time is well spent when considering other care providers have accurate, up-to-date information. Ultimately, it is the nurse's responsibility to make any information regarding their assigned patient(s) available to other members of the healthcare team.

The North Carolina Administrative Code ([21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse](#)) and ([21 NCAC 36 .0225 Components of Nursing Practice for the Licensed Practical Nurse](#)) (f) defines recording as "the documentation of information on the appropriate client record, nursing care plan, or other documents" and states this "documentation shall: (2)(D)

Continued on next page



Reflect the communication of information to other persons.” North Carolina’s Administrative Code ([36 .0217 \(5\) and \(12\) Investigations; Disciplinary Hearings](#)) goes further and states that (5) “Failure to make client information available to another health care professional;” and (12) “failing to maintain an accurate record of all pertinent health care information may result in an investigation/disciplinary hearing.”

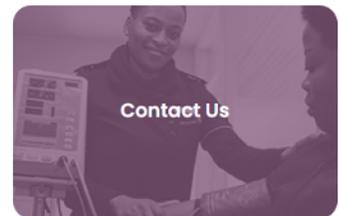
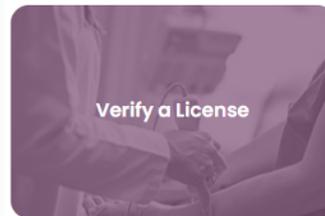
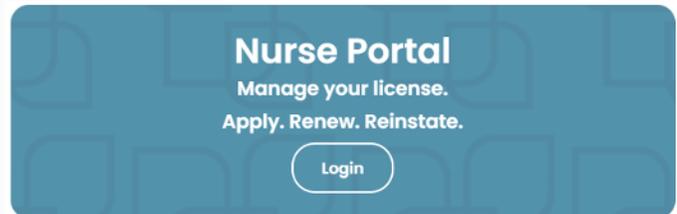
In summary, ensuring all relevant communication(s) through secure messaging apps are documented in the patient’s medical record is a required and necessary step in ensuring safe patient care.

Need to file a complaint?

If you would like to file a complaint regarding a nurse, click the button on our home page titled

"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.



NORTH CAROLINA ADVANCED PRACTICE REGISTERED NURSES

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

Final Report



Licensure

Why does the Board of Nursing need to authenticate my Social Security number?

Effective October 6, 2025, the General Assembly of North Carolina enacted Session Law 2025-94, requiring all occupational licensing boards to authenticate the Social Security numbers of individuals seeking licensure in accordance with [N.C.G.S. § 93B-14](#). This statute applies broadly to all applicants and ensures that essential identifying information is collected and verified during the licensing process.

Under N.C.G.S. § 93B-14, every occupational licensing board must require applicants to provide their Social Security number as part of the application for initial licensure. The law further mandates that this information be treated as confidential and restricts how it may be used or disclosed. According to the statute, Social Security numbers may only be released in two specific circumstances: (1) to the State Child Support Enforcement Program for the purpose of enforcing child support orders, and (2) to the Department of Revenue for administering state tax laws. All documents should be submitted using the secure Nurse Portal. **Do not submit your documents via email.**

For the nursing profession, which is regulated by the North Carolina Board of Nursing, this requirement applies to all individuals seeking practice in North Carolina. This includes applicants pursuing initial licensure and those seeking reinstatement or reactivation of an existing nursing license. By requiring Social Security number authentication, the state ensures a consistent, reliable method for verifying an applicant's identity while supporting broader regulatory and enforcement functions.

Overall, the Social Security number requirement under N.C.G.S. § 93B-14 plays a critical role in maintaining accuracy, accountability, and transparency within North Carolina's professional licensing framework. It strengthens the integrity of the licensing process and supports essential state functions tied to public protection and compliance. N.C.G.S. § 93B-14 plays a critical role in maintaining accuracy, accountability, and transparency within North Carolina's professional licensing framework. It strengthens the integrity of the licensing process and supports essential state functions tied to public protection and compliance.

If you have questions about the authentication process, email your question to general@ncbon.com or call 919-782-3211.



Tony Graham
MS, CPM
Chief Operations Officer



FENTANYL FREE AMERICA

PROTECT • PREVENT • SUPPORT

***Fentanyl Free America* demonstrates the Drug Enforcement Administration's unwavering commitment to protecting the United States from synthetic opioids by disrupting the fentanyl supply chain, reducing its availability, and saving American lives.**

PROTECT

Protecting communities through increased enforcement and stronger measures to prevent fentanyl production and distribution

DEA leads the fight to protect American lives and communities from the devastating impact of fentanyl. Our mission is clear and rooted in decisive action: dismantling the cartels responsible for manufacturing and trafficking this deadly poison, breaking their command and control networks, disrupting the illicit financial systems that sustain them, and cutting off the supply before it reaches our neighborhoods. DEA is relentlessly driving toward a *Fentanyl Free America*, committed to eliminating the poison behind the nation's deadliest drug crisis and securing a safer, healthier future for all Americans.

PREVENT

Preventing fentanyl overdose through education and awareness

DEA conducts targeted prevention outreach for increased public awareness to save American lives through the following campaigns and initiatives:

- One Pill Can Kill
- Red Ribbon Week
- National Prescription Drug Take Back Day
- Together for Families Network
- Every Day is Take Back Day
- Operation Engage
- Operation Prevention
- Diversion Outreach

SUPPORT

Supporting families and those impacted by providing action-oriented resources

DEA provides parents, caregivers, and educators with up-to-date information about drug threats, and provides resources to help prevent substance misuse among children, teens, and young adults. DEA offers *Tips for Talking*, developed by prevention experts, to help facilitate age-specific conversations. The Together for Families Network provides valuable tools and support to assist people through any stage of their journey: [DEA.gov/TogetherForFamilies](https://www.dea.gov/TogetherForFamilies).

“TOGETHER WE CAN ACHIEVE A FENTANYL FREE AMERICA AND CREATE A SAFER FUTURE FOR GENERATIONS TO COME.”

DEA Administrator
Terrance Cole



29% of fentanyl pills tested by DEA contained a potentially lethal dose, compared to 76% of pills tested just two years before in fiscal year 2023



Fentanyl powder purity decreased to 10.3% in fiscal year 2025, from 19.5% in 2023

License Verification for Nurses



Contact: nursysadmin@ncsbn.org

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- License verifications for endorsement
- 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.

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* See nursys.com for participating BONs.



License Verification for Employers



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- APRN data and updates from participating boards of nursing*
- Any publicly available disciplinary action
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* 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 June 2026

What to expect...



Slate of Candidates for the
2026 Board Member Election

- Q&A Corners
- ...and much more!

"Do not follow where the path may lead.
Go instead where there is no path and leave a trail."

- *Ralph Waldo Emerson* -

