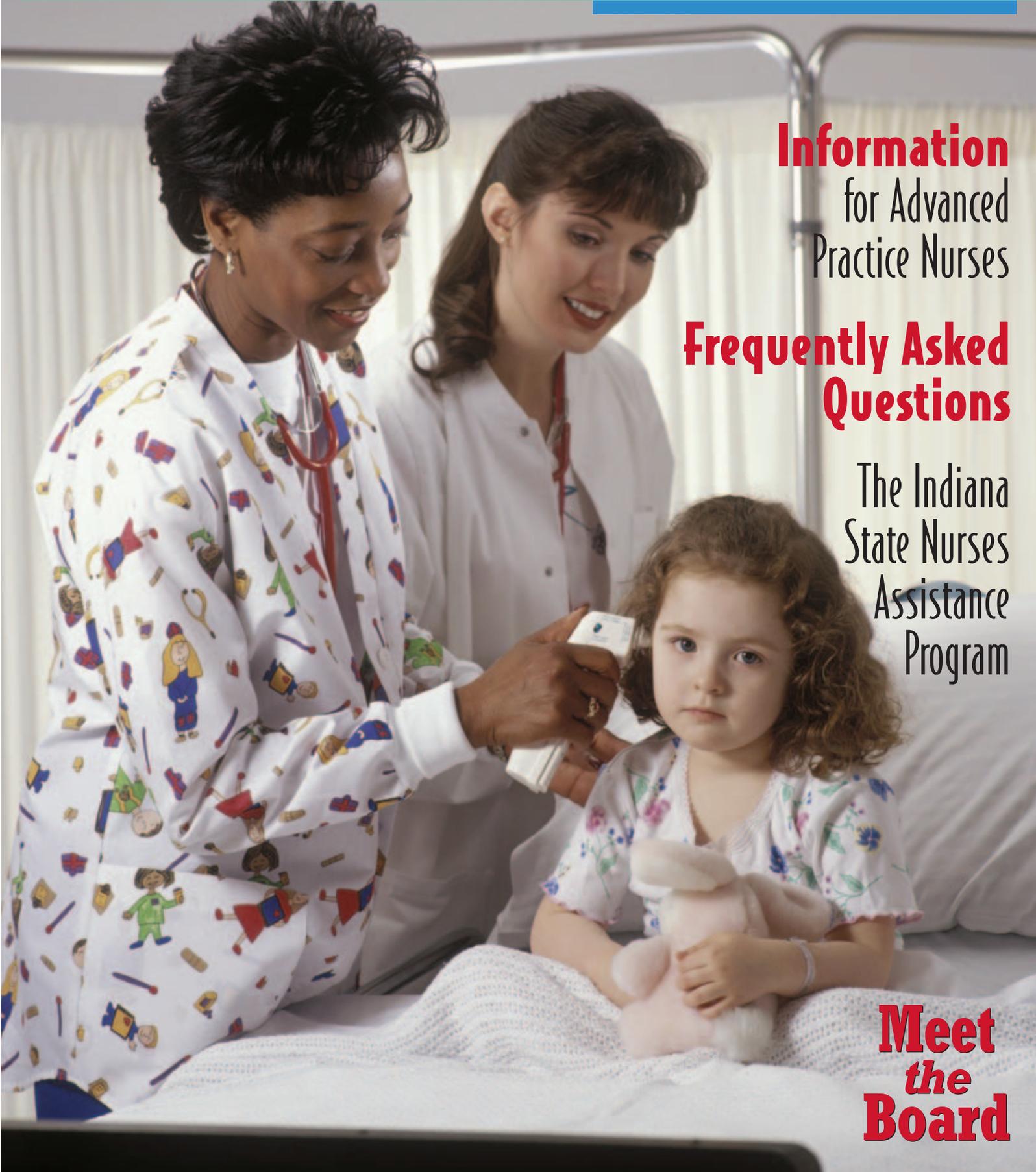


# NURSING FOCUS

Official Publication of the Indiana State Board of Nursing

• April 2005 • VOLUME 1 • NUMBER 1 •



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for Advanced  
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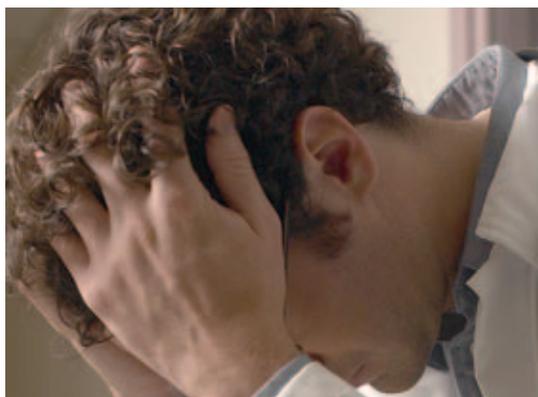
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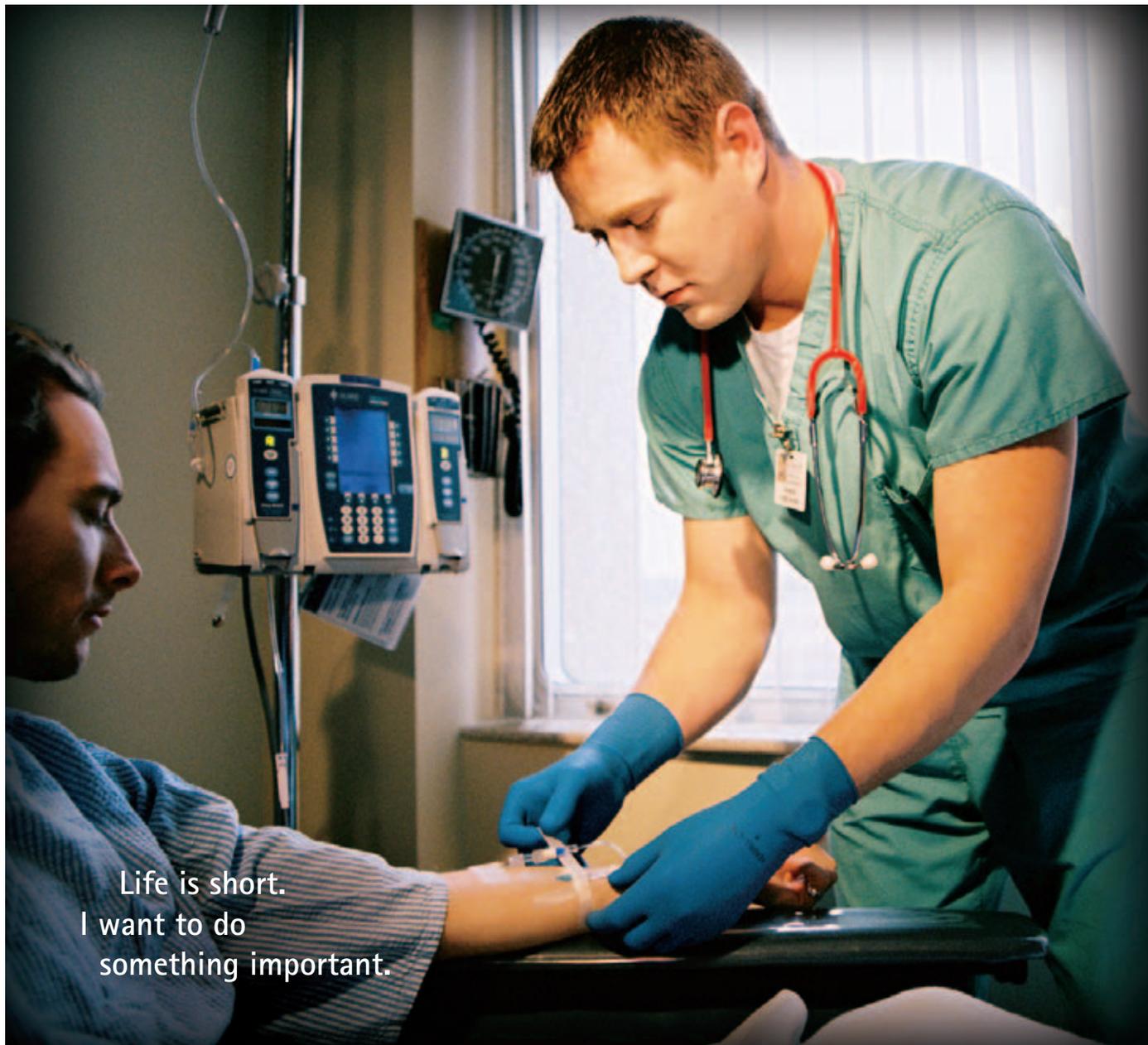
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**Indiana Nurse is published by the  
Indiana State Board of Nursing  
Health Professions Bureau  
Indiana State Board of Nursing  
Indiana Government Center South Building  
402 West Washington Street, Room W066  
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Indiana State Board of Nursing  
Indiana Government Center South Building  
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# Message From the President



**The Indiana State Board of nursing** meets the third Thursday of each month in the Indiana Government Center South Building , Auditorium of the Conference Center, 302 West Washington Street, Indianapolis, Indiana. Most of the Board's time is spent in disciplinary hearings brought to us by the Attorney General's Office arising from complaints from institutions or from consumers. Many of our cases deal with nurses that are diverting or abusing drugs. Recently there has

also been a rise in the number of abuse complaints - particularly among the elderly. There are nine nurses on the Board and we need at least five for a quorum.

At most of our meetings we have nursing students in the audience. Many nursing programs are sending their upper level students to spend a day at a meeting to see what happens to persons that violate the Nurse Practice Act. Sometimes we can't proceed with the agenda for a short period of time and we open it up for questions from the audience. Some of the questions that have been asked include the following:

**What does the Board do with the money collected from the fines?** The money from the fines that we impose goes to the Health Professions Bureau to help support the cost of impaired nurses program. A percentage of nursing renewal fees also goes to support the program.

**Can the Board hold a disciplinary hearing if the accused nurse does not appear?** Even if the nurse chooses not to appear, the Board can proceed with discipline after a Notice of Proposed Default is issued. This gives the nurse one last opportunity to appear or explain why he/she hasn't appeared. So, even if the nurse didn't get the notice and the evidence presented indicates the nurse is a danger to the public, the Board can and will act on the nurse's license. Remember that, it is the responsibility of the nurse to keep the Board informed of his/her current address.

**What do you mean by Summary Suspension?** If the Office of the Attorney General receives information that a nurse is a clear and immediate danger to the public if he/she has continued to practice or could continue to practice, the statute provides that the Board can suspend a nurse's license on an emergency basis for a period not to exceed 90 days. The law doesn't require that a nurse get notice of this hearing but notice is usually provided. During the following 90 days, an investigation is executed by the

Office of the Attorney General, and, if appropriate, formal charges are brought against the defendant.

**What is the difference between suspending and revoking a nurse's license?** The Board can suspend a license from a few days to many years. If the Board revokes a license, the nurse may apply for a new license after seven years. For this reason the Board tends to suspend a license rather than revoke one. Suspension gives the Board more discretion on the length of time the license will be suspended.

**What is a settlement agreement?** This is a contract between the Office of the Attorney General and a nurse that has been charged with a violation of the Nurse Practice Act. It is similar to a plea bargain in the court system. This document will set forth a number of conditions the nurse must agree to, depending on the nature of the Complaint. Rather than a hearing being held, this agreement is presented to the Board for its consideration. The Board can except or reject the agreement. The Board can't change the agreement without the nurse's written or verbal agreement.

**What does being on probation mean?** It is one of the sanctions the Board may use to discipline a nurse. The exact conditions of the probation will vary depending on the nature of the Complaint. There will be a stipulated time period before a person can ask to have the probation modified or removed. Other aspects that may be included in the probationary stipulations are: fines, compliance with the impaired nurses program, continuing education, practice limitations, drug screens and others. The nurse may continue to practice while on probation but the license will clearly indicate that the licensee is on probation.

**What else does the Board do besides discipline?** The Board promulgates administrative rules involving the practice of nursing. The Board licenses all nurses in the state by renewal, examination, or endorsement. It issues certificates of prescriptive authority to qualified advance practice nurses. It approves all new nursing programs in the state and does periodic surveys of all existing programs. It monitors and/or approves all major changes for all nursing programs in the state. The Board, of course, could not accomplish most of this without its staff at the Health Professions Bureau. If you have any questions for the Board, you may e-mail them to [hpb2@hpb.IN.gov](mailto:hpb2@hpb.IN.gov) or call (317) 234-2043.

Mervin R. Helmuth, R.N., M.N.  
*Board President*

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Disciplinary Actions



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## Message From the Board Director



**I frequently get asked this** question by nurses, “what does the Board do for me and why doesn’t the Board represent nurses in workplace, environment, and reimbursement issues?”

It is easy to see why nurses may have these questions. After all, we are the Board of Nursing. Nurses have regular contact with the Board to maintain licensure. They look to the Board for guidance on the Nurse Practice Act. But, like all government agencies, the Board’s responsibilities and work are guided by legislative action.

The Board functions under a state agency whose authority is granted by the Legislature and charged with regulating the practice of nursing and establishing nursing education standards. The Nurse Practice Act provides for the establishment of a Board of Nursing empowered with the responsibility and legal authority for ensuring that practitioners of nursing are competent to practice in Indiana. The Nurse Practice Act provides that the privilege and responsibility of practicing nursing be entrusted only to those persons duly licensed under the privilege of this act. The paramount outcome of these roles is regulating the nursing profession in the interest of protecting the public. Accordingly, the purpose of the Board is to protect and promote the welfare of the people of Indiana. This purpose supersedes the interest of any individual, the nursing profession or any special interest group. Although employees of the Board may provide information to the Legislature on legislation impacting nursing, they do not lobby the Legislature.

The Board’s role differs from professional associations whose purpose is to represent the interest of nurses and the profession. The Board’s role is to implement the laws passed by the Legislature and to promulgate rules consistent with the law. Associations focus on

legislative, political and practice matters. They lobby the legislature; influence public policy to benefit nursing; and address workplace issues such as staffing, the nursing shortage, and mandatory overtime.

These role distinctions were not conceived by chance. The emphasis on different missions serves different purposes. It limits conflicts of interest and promotes the unique concerns of the public and the profession.

Often the interests of the profession and the Board overlap. An example of an area of mutual concern is high standards for education of nurses and the oversight by the Board of Nursing regulatory authority over nursing education programs in Indiana. Nurses and the Board want to assure that patients receive safe, appropriate, quality care from well-educated licensed practitioners.

The Board has consistently, and throughout the past legislative session opposed lowering the standards for nursing and nursing education. However, the Board’s responsibilities are guided by legislative decision-making and include establishing and enforcing nursing standards; the Legislature makes the laws (IC 25-23) and the Board implements and enforces them through the administrative code (Title 848). Both provisions may be downloaded on our website at <http://www.in.gov/hpb/boards/isbn/> or may be purchased for \$3.00 from our office.

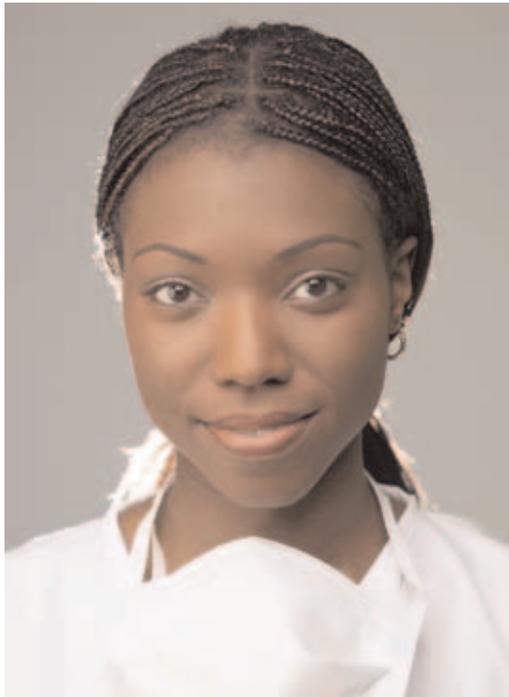
Sincerely,

Kristen Kelley  
*Board Director*  
INDIANA STATE BOARD OF NURSING

*For more information regarding your professional association contact*

**Indiana State Nurses Association**  
2915 North High School Road  
Indianapolis, IN 46224  
(317) 299-4575  
[www.indiananurses.org](http://www.indiananurses.org)

# SALUTE TO NURSES



**It's nice to feel needed**, and people in the nursing profession know that feeling well. More than 130,000 registered nurse positions are going unfilled in this country, a number that grows every year. This shortfall is felt by all those in the field who do their best to provide excellent care despite increasing demands on their time. Some have excelled, making lasting impressions on patients and fellow caregivers alike. Their achievements are celebrated in the Star's annual Salute to Nurses. This year the Indianapolis Star Salute to Nurses program will be held on May 4, 2005 at the Indiana Roof Ballroom. The Indiana State Board of Nursing and Nursing 2000 are supporting the event again this year. New additions to this year's event include an audio/visual presentation of sponsoring facilities and the winning nurses at work. This event will be the largest yet, with hundreds of top quality nurses in attendance. Only a handful of sponsorships are still available. If you are interested in nominating a special nurse or participating as a sponsor at the event, please contact Lisa Higgins at 317-444-7258 or email [lisa.higgins@indystar.com](mailto:lisa.higgins@indystar.com)

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## Meet the Board



*The members, from left to right are: Mervin Helmuth, Traci Little, Susan Dye, Carolyn Slagle, Laurie Peters, Darla Jones & Ann Parker. Members not pictured are Laurel Valentino & Janis Shook.*

## Board Meetings

The Indiana State Board of Nursing meets on the third Thursday of every month. The meetings begin at 8:30 a.m. and continues until business has been completed. The public is invited to attend. It is not necessary to notify the Board if you wish to attend.

**January 20, 2005**

**February 17, 2005**

**March 17, 2005**

**April 21, 2005**

**May 19, 2005**

**June 16, 2005**

**July 21, 2005**

**August 18, 2005**

**September 15, 2005**

**October 20, 2005**

**November 17, 2005**

**December 15, 2005**

The 2005 meetings will be held in the Auditorium of the Conference Center, Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. If you have any questions about attending a meeting you may contact the Board at (317) 234-2043 or via e-mail at [hpb2@hpb.IN.gov](mailto:hpb2@hpb.IN.gov)

Meeting agendas will be available 6 days prior to the meeting at [www.hpb.IN.gov](http://www.hpb.IN.gov) Click on the "calendar & news" link.

### **Mervin R. Helmuth R.N., M.N.**

Mervin is a graduate from Parkview-Methodist School of Nursing in Ft. Wayne, IN, Goshen College and the University of Florida as a clinical specialist in pediatric nursing. Most of his life he has been teaching at Goshen College responsible for the pediatric nursing courses, pharmacology and has also assisted in OB in the classroom as well as in clinicals. Mervin is married to a nurse whom he met while in nursing school who also has worked in pediatrics at Goshen Hospital most of her working years. They have 2 married sons and 4 grandchildren. He has been on the Indiana State Board of Nursing since Jan of 2001 and currently presides as Board President. He has served as an education committee member, nursing education surveyor, Administrative Law Judge and Vice President. Mervin's spare time activities include being a field worker for a genetics research group out of England doing genetic studies among the Northern Indiana Amish trying to find new genetic conditions or diseases. Since the Genome Project this type of study has been given a tremendous boost with several new conditions being identified by this group alone in the past 3 to 4 years. He has interest in this area since his family comes from this culture. He speaks frequently to health care professionals concerning the Amish culture and how we can make health care culture-specific for this population. He also enjoys renovating old houses and just recently moved into one he had been working on for several years.

### **Carolyn Slagle, RN, CNS – New Castle, IN**

Carolyn is a graduate of Indiana University School of Nursing, Indianapolis Campus, with a Master's Degree as a Clinical Nurse Specialist in Adult Mental Health. She is also a Certified Alcohol and Drug Addiction Counselor. She has worked in Psychiatric Services at Reid Hospital and Health Care Services, Richmond, since 1995. Her current position at Reid Hospital is a Clinical Nurse Specialist (CNS) in the Outpatient Psychiatric Clinic. Carolyn is a member of the Indiana State Nurses Association (ISNA), Coalition of Advanced Practice Nurses in Indiana (CAPNI), Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA), and National Association of Alcohol and Drug Addiction Counselors (NAADAC). She is also a Board Member of the Wayne County Mental Health Association. Carolyn was appointed to the Board of Nursing in April 2002 and currently serves as Vice President.

### **Ann Parker, RN – Plainfield, IN**

Ann was appointed to the Board in September 2003 and is currently the Board Secretary. She's a graduate of Plainfield High School in Plainfield, IN. She attended Arizona State University and lived in Arizona from 1970-1976. Ann returned to Indiana to complete her Associates Degree in nursing at Indiana University. As a Registered Nurse, she worked at Riley Children's Hospital on the Toddler Unit from 1978 to 1980. She then began working at Visiting Nurse Services in Indianapolis, which started a 20 year home health nursing career in clinical and administration. In 2000, Ann completed her Bachelor's Degree in general studies from Indiana University Purdue University in Indianapolis. She then began working as a home based family counselor for Family Works, Inc. She integrates nursing with family counseling in her referrals from county offices of family and children. She has participated in community service activities throughout her nursing career. While working in home health, she participated in activities of the Indiana Home Health Association. She sat on the Board of Directors of the Social Health Association and currently participates on the Board of Directors for Hendricks County Meals on Wheels.

### **Darla Jones, LPN – Holton, IN**

Darla grew up in southern Indiana, and attended Southwest Baptist College in Missouri. She received her practical nursing degree from Ivy Tech State College. She has worked as a staff nurse on the acute care unit at Kings Daughters Hospital in Madison, IN for the past 14 years. She also works as a local news reporter for WRBI radio in Batesville. Darla has served on the board of the American Cancer Society and Rescue 69 Emergency Unit. She is active in church and community organizations. She is also a wife and a mother of 4. Darla has been serving on the Board since November 1998 and has served as board secretary.

### **Laurel Valentino, RN, CNRN – Crown Point, IN**

Laurel received her Associates Degree in Nursing from Thornton Community College in Illinois, her Bachelor of Arts in Administration at Ottawa University in Missouri and her Master's in Health Care Administration at Indiana University. She has been employed since 1993 as Service Unit Manager in the Neuro ICU, IMCU and the outpatient neuroscience center of Methodist Hospitals in Merrillville, IN. She has been a Certified Neuroscience Registered Nurses since 1986. She currently presides as President of the NW chapter of American Association of Neuroscience Nurses and has presided as District Two President of the Indiana State Nurses Association. She is also a member of the American Society of Pain Management Nurses. Laurel was appointed to the State Board of Nursing in September 2003.

### **Laurie Peters, RN, MSN – Kokomo, IN**

Laurie Peters, MSN, RN is a graduate of Ball State University with a Master's Degree in nursing. She resides in Kokomo, Indiana and is the Health Sciences Division Chair at the Kokomo campus of Ivy Tech State College. She has over 20 years of nursing experience. She has been active in community, state and national committees and has received several awards for her service in education and nursing. Laurie has been serving on the Board of Nursing since 2000, when she was first appointed by Gov. Frank O'Bannon. She has also served as Board President, Vice President, an education sub-committee member, nursing education program surveyor and Administrative Law Judge.

### **Traci Little, JD – Indianapolis, IN**

Traci was appointed as the consumer member to the Board by Governor O'Bannon in May, 2000. She is a graduate of Indiana University of South Bend with a Bachelor's Degree in Business Administration and Marketing. She is also a graduate of Indiana University School of Law. She currently resides in Indianapolis and is the Corporate Legal Counsel for Guidant Corporation. She has over 18 years of experience with health care provider and supplier operations in sales and marketing, Medicaid reimbursement and outside and in-house counsel positions. Traci is also active in various community activities.

### **Janis Shook, LPN – Terre Haute, IN**

Janis was appointed to the Indiana State Board of Nursing in January 1999. She graduated from the practical nursing program at Ivy Tech State College in Terre Haute. She is employed at Healthsouth Rehabilitation Hospital of Terre Haute where she was named Nurse of the Year in 2004. Janis volunteers at St Ann Clinic in Terre Haute and is active in her church and taking care of an invalid parent. She has 2 children.

### **Susan Dye, RN, MSN – Evansville, IN**

Susan is currently a Professor of Nursing at Ivy Tech State College in Evansville where she has been employed for the past 11 years in the Associate of Science Nursing Program. She was also on the nursing faculty of the University of Evansville for 7 years. Susan has clinical experience in the areas of Pediatrics, Long-term Care and Medical/Surgical. In these areas she has worked as a staff nurse, education coordinator and coordinator for support services (education, infection control and quality assurance). Susan is currently the Treasurer of the Indiana State Nurses Association Southwest Region and was appointed to the Indiana State Board of Nursing in September 2003.

## Meet the Staff



**Board staff** From left to right, front to back:

Dawn Shaffer  
 Kristen Kelley  
 Peter Wallace  
 Jody Edens  
 Erika Engler  
 Stephanie Clark  
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 Kelly Radcliff  
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# *Information* for Advanced Practice Nurses

## Prescriptive Authority

Advanced Practice Nurses (APN) include Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioners. The Indiana State Board of Nursing does **NOT** license Clinical Nurses Specialists or Nurse Practitioners. We do grant a limited license to practice as a Nurse Midwife and prescriptive authority for all three. The minimum requirements for prescriptive authority are:

Bachelor's degree in nursing and national certification or a master's degree in nursing.

A two semester hour master's level pharmacology course completed within the previous 5 years

Collaborative practice agreement with a medical physician, osteopathic physician, dentist or podiatrist

Current RN license in Indiana

Applications for prescriptive authority may be downloaded at [www.hpb.IN.gov](http://www.hpb.IN.gov)

Certified Registered Nurse Anesthetists (CRNA) are not eligible to obtain prescriptive authority. It is not necessary for CRNAs to have prescriptive authority to administer anesthesia in Indiana.

## Controlled Substance Registrations (CSR)

An APN must hold one CSR in order to prescribe controlled substances in the State of Indiana. An additional, separate registration and practice agreement is required for each practice address at which the APN physically possesses controlled substances to administer or dispense. A separate registration is **NOT** required for each place where an APN merely prescribes controlled substances. One valid CSR is sufficient for an APN to prescribe controlled substances at multiple practice locations.

## Practice address changes

To change an address on a CSR, you must submit a new collaborative practice agreement. A note should be included that explains whether this practice agreement replaces the previous agreement or whether it is an addition.

## Limitations to Prescribing

Practitioners usually apply for authorization for Schedules II through V, as Schedule I controlled substances have no accepted medical use and are generally restricted to researchers only. APNs may pre-

scribe those controlled substances which have been authorized to them by their collaborative physician, with the exception of Schedule III or Schedule IV controlled substances used for the purpose of weight reduction or to control obesity. IC 35-48-3-11 allows for only a physician to treat a patient with a Schedule III or Schedule IV controlled substance for that purpose. Many people have been getting conflicting information from the DEA regarding this. There is no Federal law to prohibit this, but when there are 2 conflicting laws, the most stringent always prevails.

## Continuing Education

Advanced Practice Nurses with Prescriptive Authority must obtain (30) hours of continuing education every 2 years and at least eight (8) must be in pharmacology. Acceptable continuing education programs must be approved by the American Nurses Credentialing Center, another nationally approved body or another state board of nursing. Proof of continuing education does not need to be submitted with the application for renewal. The Board will randomly audit APNs following the renewal period.

## Additional Contacts

Drug Enforcement Administration  
575 North Pennsylvania Street  
Indianapolis, IN 46204  
(317) 226-7977

Indiana Board of Pharmacy  
402 West Washington Street, Room W0066  
Indianapolis, IN 46204  
(317) 234-2067  
[hpb4@hpb.in.gov](mailto:hpb4@hpb.in.gov)

American Nurses Credentialing Center (ANCC)  
8515 Georgia Ave, Suite 400  
Silver Spring, MD 20910  
(800) 284-2378  
[www.nursingworld.org/ancc](http://www.nursingworld.org/ancc)

Coalition of Advanced Practice Nurses of Indiana  
899 South College Mall Road, #375  
Bloomington, IN 47401  
(812) 332-3600  
[www.capni.org](http://www.capni.org)  
e-mail [info@capni.org](mailto:info@capni.org)

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This philosophy began over a century ago in downtown Indianapolis when four Daughters of Charity transformed a long unused seminary into an infirmary for ailing patients.

120 years later, we've grown to become one of the most comprehensive health-care groups in the state. As a partner of Ascension

Health, the largest not-for-profit Catholic health system in the country, we provide a variety of specialized services that help heal people in every stage of life.

## Our Core Values

- Service to the Poor
- Reverence
- Integrity
- Wisdom
- Creativity
- Dedication

## Nursing at a higher level.

St. Vincent nurses have long been known for and proud of their commitment to excellence, the respect that they have among other healthcare disciplines, and their desire to continuously challenge themselves to learn more. This past year, St. Vincent nursing leadership established a new philosophy of nursing, recognizing the nursing staff for providing extraordinary care to patients in this unique, faith-based environment.

This new philosophy, "Nursing at a higher level", demonstrates our commitment to providing an environment that's both more attractive to new nurses and more fulfilling to its current associates. "We want to provide holistic care not only to our patients, but to our associates as well," said Jean Meyer, RN, MSN, senior vice president and chief nursing officer. "It's our ultimate goal to be the premier facility for nurses in the area to practice."

"St. Vincent is a great place to work for a number of reasons — especially for nurses," said Anne Coleman, RN, executive director of cardiology serv-





**“We want to provide holistic care not only to our patients, but to our associates as well”**

- *Jean Meyer, RN, MSN*  
Senior vice president and  
chief nursing officer

ices. “These reasons include the quality of care we deliver to our patients; the promotion of a family environment for our associates rather than simply a work environment; and the creation of many opportunities for our nurses. We encourage our nurses to climb our clinical ladders, which keep nurses at the patients’ bedside while giving them other opportunities for growth beyond patient care. Not only do they grow professionally, they’re also rewarded financially.”

Many creative efforts have been put in place for recruitment to include a residency program, an expanded scholarship program, and a student nurse internship program. Additionally, significant focus has been placed on retention and finding ways to keep our valuable nurses.

“We try to foster an atmosphere of camaraderie,” Meyer said. “It’s important for our nurses to show other associates how much they care about them and to help each other out. We’re constantly trying to find out what the needs of our nurses are and how we can meet those needs.”



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### **Student Nurse Program**

This internship program provides the student nurse in their junior year of nursing school the opportunity to experience what nursing is like at St.Vincent. During this program, the student nurse is assigned a staff RN to act as a mentor.

### **Clinical Advancement Program (CAP)**

In keeping with the St.Vincent Nursing Philosophy, this Clinical Ladder was designed to recognize the staff nurse with advanced knowledge and skill who demonstrates excellence in the care of patients while continuing to develop his/her career in nursing. Guided by our core values, St.Vincent endeavors to provide a challenging and nurturing environment allowing nurses to excel personally and professionally.

### **OR Internship and NICU Fellowship**

Both of these programs are available for the new grad as well as the experienced RN wanting a career change. Programs are held twice a year, in January and June, and involve a 3–4 month intensive training.

Nurses looking to start their career at St.Vincent may contact one of our nurse recruiters – Sara at 338-2241 or Gail at 338-2417 or visit our Web site to learn more and apply online. EOE.

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# Frequently Asked Questions

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E-mail your address-change to:  
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*Please include your name and license number along with your new address.*

## How do I change my name on my license?

To change your name on your license you will need to send us a copy of your marriage certificate, divorce decree (showing name change), social security card, or a legal court document. Please include a cover letter with your document(s), indicating how you would like your name to appear on your new pocket-card, your current address, and your license number. You will automatically receive a new pocket card. If you would like a new wall certificate, there is a \$10.00 fee.

## How do I obtain a new wall certificate?

There is a \$10.00 fee for a new wall certificate. Please mail your request and payment to the Health Professions Bureau. These are outsourced to a vendor and may take up to 2 months to process.

## Can I practice as a graduate nurse after graduation?

No, Indiana no longer recognizes graduate nurses since the examination is given daily. You may not practice as a nurse in any capacity until you are licensed.

## Your office says I have a tax warrant against my license. How do I clear this up?

If you fail to pay your Indiana taxes, a tax warrant will be issued against your license. To clear up a tax warrant issued by the Department of Revenue, you must contact them at (317) 232-2165 or (317) 232-5977. The Board cannot lift the tax warrant without a release from the Department of Revenue. We cannot renew your license or finish the processing of an original application that has a tax warrant issued against it.

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You must state a reason as to why you need one (lost, stolen, misplaced, etc.). Please include your name, current address, and license number or social security number.

## How many times may I take the examination?

Indiana does not limit the number of times a candidate may take the examination. You may re-take until you pass, every 45 days.

## How do I get my Indiana license verified to another state?

Indiana uses the NURSUS verification system to verify licenses to other states. The application and instructions may be found at [www.nursys.com](http://www.nursys.com)

## How do I obtain a copy of the Indiana Nurse Practice Act?

A copy may be downloaded online at [www.hpb.IN.gov](http://www.hpb.IN.gov). We do charge \$3.00 for a hard copy. Your request and payment should be sent to the Health Professions Bureau.

## When will Indiana become part of the Nurse Licensure Compact?

The Nurse Licensure Compact was signed into law by Governor O'Bannon. The National Nurse Compact Organization has rejected Indiana's membership due to amendments that were added to the Nurse Licensure Compact language. They believe these amendments compromise the integrity of the Compact. The Board of Nursing has informed Legislators and await their response for correcting amendment language in future legislation.

## How do I obtain contact information for another state board of nursing?

The National Council of State Boards of Nursing (NCSBN) is an excellent source for contact information, as well as statutes/rules for all state boards. Additional information about the National Council Licensing Examination (NCLEX) and the Nurse Licensure Compact may also be obtained from NCSBN on their website at [www.ncsbn.org](http://www.ncsbn.org).

# ISNAP

**To Protect Lives and Save Careers by Monitoring, advocating, and Assisting in the Rehabilitation of Nurses with Substance Use Disorders**

## Frequently Asked Questions

### **What is the Indiana State Nurses Assistance Program?**

The Indiana State Nurses Assistance Program (ISNAP) was created by the Indiana General Assembly to provide a program to assist in the rehabilitation of Registered Nurses or Licensed Practical Nurses who are affected by the use of alcohol or other drugs. The Program is designed to be confidential, non-punitive, and therapeutic. ISNAP supports nurses who seek a recovery program before their impairment from a substance use disorder harms a patient or damages their career.

ISNAP is administered by a private contractor under the direction of the Indiana Board of Nursing and the Indiana Health Professions Bureau.

### **How does ISNAP work?**

The Indiana State Nurses Assistance Program is a caring, supportive program that encourages recovery through evaluation for the presence of a substance use disorder, the design of an individualized recovery and/or treatment program, and active monitoring.

The typical steps involved for participation in ISNAP are:

**Intake**, which involves data collection and the gathering of information about the nurse's possible substance use disorder. Nurses are referred to ISNAP via self-referral, co-worker referral,

employer referral, direction from the Indiana Attorney General's office, or the Indiana Board of Nursing.

**Referral**, the nurse is directed to a qualified substance use disorder evaluator. The purpose of this evaluation is to determine the nature of the problem and to assist

in the design of a recovery plan.

**Treatment**, as recommended by the evaluator, appropriate to the severity of the disease.

**Recovery Monitoring Agreement**, which is developed and individualized to include elements such as limitations on nursing practice, random drug



screens, twelve step recovery meetings, work site monitoring, continuing treatment, and progress reports.

**Completion** occurs upon successful compliance with the terms of the monitoring agreement in the specified time frame, generally three years from the

nurse's entry into the agreement.

These steps are not mutually exclusive, and some may occur concurrently or prior to the nurse's entry into ISNAP.

**Who pays for ISNAP?**

All Indiana nurses pay for the administrative and case monitoring costs of ISNAP through a por-

tion of their license renewal fees. Fines imposed during disciplinary hearings are also designated to the program. ISNAP participants (or their health care insurer) pay for the costs of evaluations, treatment, drug tests, and other services. Many treatment providers accept a reduced payment, have a sliding fee scale, or a delayed payment plan for certain services.

**What are the Benefits of ISNAP?**

It is the philosophy of ISNAP that substance use disorders are treatable diseases. By providing nurses the opportunity to enter into treatment and to start recovery from their diseases early in the disease process, ISNAP can minimize negative impacts on patients and nurses.

**ISNAP is a confidential program.**

If, however, a nurse has had action taken on their nursing license and was referred to ISNAP, ISNAP provides the Board of Nursing with a quarterly report regarding the nurse's compliance with their monitoring agreement. Similarly, if a nurse is referred to ISNAP by the Attorney General's office, ISNAP notifies the Attorney General of the nurse's contact with ISNAP and entry (if appropriate) into a recovery monitoring agreement. Nurses who decide not to follow the recommendations of ISNAP to enter into a recovery monitoring agreement, or become non-compliant with their monitoring agreement, may be reported by ISNAP to the Indiana Board of Nursing for possible action on their license.

**How do I Contact ISNAP?**

The current private contractor for ISNAP, Compass Vision, Inc., provides 24 hours a day, 7 days a week availability via the toll free phone number 800-638-6623.



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**TriHealth**, a partnership of two of Cincinnati, Ohio's finest health care organizations, **Bethesda North** and **Good Samaritan** hospitals, is **growing** and looking for outstanding registered nurses to join our valued nursing staff.

**Bethesda North Hospital**, a sprawling suburban medical campus and acute care facility, is one of the **fastest-growing hospital** in the area. Expansion has included opening an additional new 24/7 medical/surgical unit, new surgical suites and expanding its cardiopulmonary and nuclear medicine departments.

**Good Samaritan Hospital**, the oldest and largest private teaching and tertiary health care facility in Greater Cincinnati, has been the #1 inpatient hospital of choice in the area and recently embarked on a **5-year expansion project** to meet the growing needs of the community it serves. The project includes expanded cardiology, vascular and pulmonary departments.

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# Professional Boundaries **in Nursing**

Boundary issues are everywhere for nurses. Issues on the continuum range from stopping to buy a few groceries for a home-bound client, to accepting a personal gift from a client, to having a friendship with a former client, to having a sexual relationship with a current client. Although there is more gray area than black and white when studying boundaries, nurses can make thoughtful decisions when provided with information about the fundamentals of boundaries. This article is intended to highlight some of the basics. Nurses are encouraged to read additional information and have discussions with colleagues to broaden their understanding of the topic.

Boundaries are defined as limits that protect the space between the professional's power and the client's vulnerability. Maintaining appropriate boundaries controls this power differential and allows for a safe connection between the professional and client based on the client's needs.

The need for maintaining appropriate boundaries arises from the nature of the nurse-client relationship. Like other professional relationships, the client places his or her confidence in the nurse who possesses special knowledge, expertise, and authority. In addition, the client is vulnerable in so far as he or she has a nursing care need which the nurse has the ability to meet. It is imperative that the nurse be aware of this power differential and ensure that the nurse's actions are intended to meet the nursing care needs of the client.

The maintenance of boundaries

need not be seen as an impediment to the professional relationship, but rather as facilitating it. Maintaining professional boundaries protects the safe space in the relationship and thereby enhances the building of the trust which is essential to enable clients to reveal their needs.

A boundary violation occurs when a nurse, consciously or unconsciously, uses the nurse-client relationship to meet personal needs rather than client needs. This violation breaches the fundamental nature of care that obligates the professional to place clients' needs first. It is helpful to

view this as a process or a "slippery slope" rather than an end result or a "crossing the line." This provides an opportunity for the nurse to heed warning signs which will allow the nurse to take steps to reevaluate the relationship with the client and to reestablish appropriate professional boundaries. It also prevents ignoring, normalizing or dismissing relatively minor or less visible boundary violations. The minor violations may be damaging to the relationship and left unexamined, the minor violations can be repeated and expanded.

Four elements characteristically



appear in boundary violations: role reversal, secrecy, double-bind, and indulgence of professional privilege.

• **Role Reversal**

Role reversal occurs when the client takes care of the nurse as the nurse looks to the client for satisfaction and gratification, rather than the nurse placing client needs first. The nurse may not be consciously aware of this role reversal or may attempt to justify it by contending his or her actions are for the client's benefit. Example: A client becomes a nurse's chemical dependency.

• **Secrecy**

Secrecy involves the nurse keeping critical knowledge or behavior from the client and/or others or selectively sharing information. Example: A nurse takes a client into his or her home and tells the client the nurse's employer cannot know

about this or the nurse will lose his or her job.

• **Double-Bind**

A double-bind consists of two sets of messages which contradict each other while they discourage the receiver of the messages from noticing the inconsistency. The client is left feeling caught in a conflict of interest: any attempt at resolution places the client at risk of loss. The client is torn between the desire to terminate the relationship and the realization that this will end any form of help from the professional. The double-bind contains an implied threat. A sense of guilt and fear of possible abandonment by the professional blocks the client from taking action. The double-bind constricts the client from using all available options and thus limits growth. Examples: 1) A nurse makes negative comments about other nurses caring for a client who has devel-

opment of trust as a therapeutic goal. 2) A nurse tells a therapy client that they may begin a personal relationship when the client is no longer in therapy.

• **Indulgence of Professional Privilege**

Indulgence involves using information obtained in the relationship with a client for the benefit of the professional. Because the professional has authority over the client's situation, that professional is susceptible to extending the privilege of his or her position to intrude on the client. However, access to information does not constitute a right to it. This access is a professional privilege; it is not a professional right to use the information for one's own benefit. Example: Using proximity to post-partum mothers to locate a baby for adoption by the nurse.

To avoid boundary violations, it may be helpful to be aware of "warning signs". In isolation these do not necessarily indicate a problem, but if repeated or if several warning signs are present, the nurse should reevaluate his or her actions.

- ◆ **Perception:** The nurse should ask: Is this what other nurses would do? How would this appear to others (peers, family, superiors)? How does this appear to the client?
- ◆ **Time:** The nurse should consider the quality and quantity of time spent with the client. Does it vary from that spent with other clients? Is the nurse spending "off duty" time with the client?
- ◆ **Meeting time and place:** Is the location of the interaction appropriate to the relationship? Would you provide nursing service to other clients in this location? If there is a legitimate, therapeutic need to meet at an unusual time, has it been made known to others and documented?
- ◆ **Gifts:** Does the gift giving cre-

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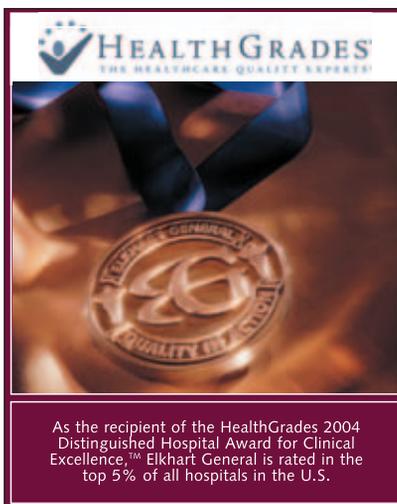
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ate a sense of obligation on the part of the recipient? Is this a routine part of your practice regardless of the age or gender of the client? Is the gift of a personal nature, given to one nurse or a general gift given to a group of caregivers? Does the facility have a policy regarding gifts?

- ◆ **Forms of address:** Has there been a change in the way the client is addressed or how this client is addressed in relation to others?
- ◆ **Personal attire:** Has the nurse's style of dress changed with more attention paid to personal appearance?
- ◆ **Making exceptions:** In general the nurse should carefully consider the therapeutic purpose in making exceptions in helping a client or family member. Another type of exception to note would be the nurse who changes assignments to care for a particular client.
- ◆ **Internal cues:** Learning to recognize and trust internal cues is important. A nurse should seek guidance if he or she is in a situation which raises questions in the nurse's mind. When in doubt, check it out. Nonverbal behavior, the nurse's or the client's, may provide helpful insight. Does the nurse become defensive if questioned about the interaction with the client?
- ◆ **Meeting personal needs:** In addition to

recognizing that the client's needs must come first, the nurse should be aware of his or her own social and emotional needs and take affirmative steps to have those needs met away from work. Thoughts such as "I only feel appreciated at work" or "Only I can help this client" indicate the nurse may be meeting his or her needs through clients.

- ◆ **Dual relationships:** The nurse enters a nurse-client relationship in order to provide the client with nursing services. Nursing services would not include, for example, dating,

baby-sitting or entering a business relationship with clients.

- ◆ **Confidentiality:** The nurse should maintain confidentiality by not using or sharing confidential information unless it is for a legitimate therapeutic purpose.
- ◆ **Choosing sides:** Is the nurse taking sides with the client against the client's significant others? The nurse should ask: "What is the value in taking sides?" How can the nurse assist the client in looking at all sides of the issue to utilize his or her own problem solving skills?



- ◆ **Self-disclosure:** While professionals want to be perceived as caring, self-disclosure is rarely helpful or necessary. The nurse should consider the client need served by the self-disclosure and determine whether personal issues shared with the client are brief, resolved and related to what the client is experiencing.
- ◆ **Touch:** Touching is an integral part of many nursing interventions. Touch may be a compo-

**A nurse in any practice setting will encounter boundary issues. With forethought, planning, communication, and evaluation, the nurse can take steps to ensure a boundary issue does not progress to a boundary violation.**

ment of another action, e.g. checking a blood pressure, or may be therapeutic in and of itself. Touch, however, should not be used indiscriminately. The nurse should be clear in his or her own mind why touch is called for and communicate this to the client.

- ◆ **Communication:** It is the responsibility of the nurse to establish and maintain boundaries and to communicate this to the client. In addition, the nurse should be able to communicate to others the nature of the relationship with the client. Is the nurse keeping secrets with or about the client? Does the nurse fail to document or report negative information about the client?

This is not an exhaustive list but should be instructional for all nurses. A nurse in any practice setting will encounter boundary issues. With forethought, planning, communication, and evaluation, the nurse can take steps to ensure a boundary issue does not progress to a boundary violation.

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Originally published in the Minnesota Board of Nursing newsletter. For more information contact the **MINNESOTA BOARD OF NURSING**, 2829 University Avenue SE #500 Minneapolis, Minnesota 55414-3253, 612 617-2270, [www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us).

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- 1. Select Notification Criteria: Professional Occupation, Individual Licensees.**
- 2. Select the event(s) about which to be notified: Expired License, License Renewal, License Expiration and/or a Change in License Status, i.e. discipline**
- 3. Enter email notification details.**

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Each day, we will check the status of the licensee(s) you are tracking by searching the HPB/PLA MyLicense database for changes to the licensees' records related to licensing or disciplinary proceedings. If a change occurs to an individual's record, an email notification will be sent to the specified email address(es) contained within your tracking profile. If there are no changes, no notification will be sent.

The email notification and report can be sent in HTML or as a text file in CSV format. You can then log on to LicenseWatch to view or manage current and previous notifications.

Fees for this service are based on the number of licensees a profile contains. Monthly fees are adjusted based on the number of licensees actively tracked during a month. Should the number of licensees you are tracking increase, so will the fee. Likewise, if the number decreases, the fee will also decrease. Please note: If you are tracking a licensee category, volumes may fluctuate. Monthly fees will be billed to your accessIndiana subscription. These rates are outlined at left.

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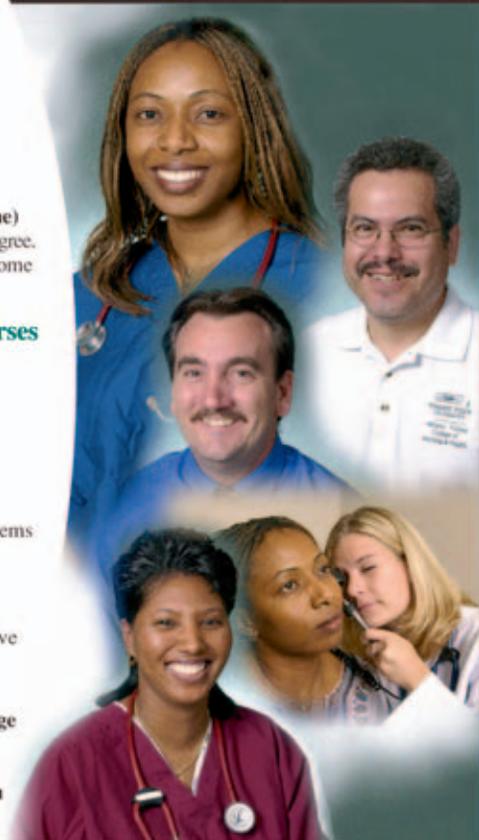
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The traditional four-year program that leads to Bachelor of Science degree in nursing and prepares students for careers in a variety of settings.

The Master of Science degree in Community Health Nursing, which prepares nurse specialists for advanced practice in a variety of settings, both locally and globally.

The Master of Science degree in Primary Care Nursing, which prepares registered nurses to be certified as adult, family or gerontological nurse practitioners.

The RNBS completion program, which is aimed at registered nurses who want to complete the requirements for a Bachelor of Science degree.

The traditional program is offered in state-of-the-art nursing skills simulation laboratories and classrooms on IWU's main campus in Marion, Ind.

The RNBS program is offered at multiple sites throughout Indiana, Kentucky and Ohio — as well as online and the graduate programs are now offered off-campus across the state of Indiana, with plans to expand to online in May, 2005.

The two nurses who met halfway around the world in India followed different

paths to their IWU degrees. Ms. Bullock earned her Bachelor of Science degree in nursing through the traditional program. Ms. Leatherman earned a Master of Science degree in Community Health Nursing from IWU.

The two women used their nursing educations to pursue different careers but with a shared desire to be servant leaders.

At the time they met in India, Ms. Bullock was associated with the Emmanuel Hospital Association, which is based in New Delhi, and oversees 19 hospitals and four nursing schools in India.

Ms. Leatherman works for an agency that serves developmentally delayed infants and also is an independent wellness consultant in Goshen, Ind. She was in India as part of a Rotary Club-sponsored program to eradicate polio.

Both women were prepared for their experiences by the opportunity given to all IWU nursing students to learn about other cultures and the effect that culture has on health beliefs and behavior.

Compassionate care is a key element in the nursing educational formula at IWU. Nursing faculty believe people are created by God, in His image, and consequently, have intrinsic worth and value.

The foundation for all nursing programs at IWU is a blend of scientific reasoning, technological skills and a compassionate heart. Students learn to provide holistic care for individuals by attending to their physical, psychological, social and spiritual needs.

All IWU nursing programs are accredited by the Commission for Collegiate Nursing Education and the Indiana State Board of Nursing. IWU nursing graduates historically have one of the highest rates in the nation when it comes to passing their national nursing exams.



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**CAROLYN LEE KIMBLE**

The Indiana State Board of Nursing placed Carolyn Lee Kimble's Registered Nursing license, number 28048324A on Indefinite Suspension for a minimum of ten (10) years at its September 19, 2002 Board meeting. Just recently, the Board was notified that Ms. Kimble has been trying to obtain employment as a Registered Nurse in the State of Indiana. Ms. Kimble's last known address is 1404 East Spring Street, New Albany IN 47150 and her date of birth is 12/06/46.

**SHERRY LYNN GOODMAN-JONES**

The Indiana State Board of Nursing placed Sherry Lynn Goodman-Jones' Registered Nursing license, number 28129837A on Indefinite Suspension for a minimum of twenty-five (25) years at its February 20, 2003 meeting. A new complaint was filed against Ms. Goodman-Jones on November 29, 2004 for falsely using other Registered Nurses licenses with the name "Sherry L. Jones" in order to obtain employment in the State of Indiana. Ms. Goodman-Jones' last known address is 3722 176th Street, Hammond, IN 46323 and her date of birth is 03/13/73.

**BRIAN SCOTT EDWARDS**

The Indiana State Board of Nursing placed Brian Scott Edwards' Registered Nurse license, number 28109841A on Indefinite Suspension for a minimum of one (1) year\* at its June 28, 1996 Board meeting. A new complaint was filed against Mr. Edwards for falsifying his Indiana pocket card by changing the expiration date from 10/31/99 to 10/31/05 and trying to obtain employment in the State of Indiana without a license. The Board again placed Brian Scott Edwards' Registered Nurse license on Indefinite Suspension for a minimum of twenty-five (25) years at their December 16, 2004 Board meeting. Mr. Edwards' last known address is P O Box 50212, Indianapolis IN 46250 and his date of birth is 11/29/59.

*\*In Indiana, suspension is not automatically lifted from a license. A petition must be filed for the board to consider the Respondent's request to reinstate his/her license.*

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# Disciplinary Actions

**Indefinite Suspension**—Indefinitely prohibited from practicing for a specified minimum period of time.

**Indefinite Probation**—License is placed on probation for a specified minimum period of time with terms and conditions.

**Renewal Denied**—The license was not renewed therefore, she/he does not have a license to practice in Indiana.

**Summary Suspension**—Immediate threat to the public

*Discipline for the previous quarter will be printed in each magazine addition in the future. Changes may occur before printing so the most accurate discipline information should be obtained on the license search feature of our website at [www.hpb.IN.gov](http://www.hpb.IN.gov)*

health and safety should the nurse be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

**Letter of Reprimand**—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

**Notice of Proposed Default**—Notice of last opportunity to appear before the Board for a hearing.

## January 20, 2005 Board Meeting

NAME	License Number	Board Action Taken
<b>Personal Appearances</b>		
Deborah Jean Amick, LPN	27042994A	Renewed on Agreed Indefinite Probation
Janet Cabrales Chavez, LPN	27051684A	Renewed on Agreed Indefinite Probation
Echo Marie Cutsinger, LPN	27052419A	Renewed on Agreed Indefinite Probation
Jody Lynn George, LPN	27035544A	Renewed on Agreed Indefinite Probation
Vivian Lee Morgan, LPN	27015953A	Renewal Denied - Failure to Appear
Susan Gail Nation, LPN	27051445A	Renewed on Agreed Indefinite Probation
Lisa Marie Smith, LPN	27045411A	Renewed on Agreed Indefinite Probation
Robin Barrett Smith, LPN	27044042A	Renewal Denied - Failure to Appear
Michelle Renee Williams, LPN	27039057A	Renewal Denied - Failure to Appear
Diana L. Yates, LPN	27029290A	Renewal Denied - Failure to Appear
Marcia J. Champion, LPN	27043692A	Renewed on Agreed Indefinite Probation
<b>Administrative Hearings</b>		
Gilbert Baqu, RN	28132337A	Indefinite Probation
Robert Arthur Chezem, LPN, RN	28125274A & 27031109A	Indefinite Probation, Letter of Reprimand & \$250 Fine
Dana Rochelle Duke, RN	28139811A	Summary Suspension
William Trace Fenimore, LPN	27036502A	Agreed Indefinite Probation, Letter of Reprimand & CEU's
Barbara Joy Garcia, LPN	27019626A	Summary Suspension Renewal
Kristin Michelle Jordan, LPN	27042172A	Agreed Indefinite Probation, CEU's
Joan A. Kane, RN	28123302A	Indefinite Probation, \$250 Fine
Yvonne J. Kerkes-Woods, LPN	27050229A	Summary Suspension Renewal
Stacy Sue Long, RN	28144896A	Summary Suspension
Connie Marie Parr, LPN	27031842A	Notice of Proposed Default, Summary Suspension Renewal
Diana K VanWinkle Prifogle, LPN	27030123A	Summary Suspension
Wayne Frederick Poland, RN	28131303A	Summary Suspension Renewal
Marian Beth Quinton, RN	28111971A	Agreed Indefinite Probation
Terri L. Schultz, RN, LPN	28133001A & 27037537A	Notice of Proposed Default, Summary Suspension
Sally R. Trumbo, LPN	27045315A	Notice of Proposed Default, Summary Suspension Renewal
Laura Marie Walter, RN	28134452A	Notice of Proposed Default, Summary Suspension
Amy Doris Carroll, LPN	27033756A	Summary Suspension
Cynthia Brown Catozzi, RN	28125957A	\$250.00 Fine
Marcy Dyan Christmas, RN	28154642A	Notice of Proposed Default, Summary Suspension Renewal
Janice Fay Donnell, LPN	27035273A	Indefinite Suspension
Darlene Joy Free, RN	28079154A	Notice of Proposed Default, Summary Suspension Renewal
Christy Ann Grose, RN	28132947A	Summary Suspension Renewal
Betty Jane Wilson Grant, LPN	27023616A	Agreed Letter of Reprimand, \$250 Fine, CEU's
Andrew Sean Hicks, LPN	27025534A	Agreed Indefinite Suspension
Sarena Nichole House, LPN	27044430A	Agreed Indefinite Probation, \$250 Fine, CEU's
Janice Rene Ingle, RN	28122855A	Agreed Indefinite Suspension
Margaret Josephine Isaacs, LPN	27036168A	Agreed Letter of Reprimand, \$250 Fine, CEU's
Caroline Lee Kimble, RN	28048342A	Notice of Proposed Default (license is currently on Indefinite Suspension—but evidence was presented that she is still trying to work as an RN)
Heather Dawn King, LPN	27049162A	Notice of Proposed Default, Summary Suspension Renewal
Gari A. Miller, RN	28119716A	Notice of Proposed Default
Sharon Rose Shelburne, RN	28145763A	Notice of Proposed Default, Summary Suspension Renewal
Donitta Kay Sinderson, RN	28130307A	Indefinite Suspension, \$250 Fine
Shirley A. Walton, RN	28059695A	Agreed Indefinite Suspension
Barbara Lea Decamp, RN	28134434A	Agreed Indefinite Voluntary Suspension
Kelly Ratliff, RN, LPN	28131567A & 27029433A	Complaint Dismissed
Julie Ann Green, LPN	27014350A	Complaint Dismissed Currently on Indefinite Probation
Dawn Elaine Waterman, LPN	27031055A	Agreed Letter of Reprimand

*continued on next page*

**January 20, 2005 Board Meeting** *continued*

<b>NAME</b>	<b>License Number</b>	<b>Board Action Taken</b>
Deborah Ann Pinkham, RN	28139832A	Summary Suspension Renewal
Andrea Kay Lowden, RN	28138021A	Summary Suspension
Sylvia Jo Hunter	27042389A	Summary Suspension
Stephen George Sack, LPN	27049374A	Held in Default, Indefinite Suspension
Lorry Wyne Nester, RN	28106870A	Summary Suspension
Lori Rene Crawford, LPN	27053540A	Summary Suspension
Marietta Jean Herod, RN	28093838A	Summary Suspension Denied, Ordered AG to file a Complaint

**February 17, 2005 Board Meeting**

<b>NAME</b>	<b>License Number</b>	<b>Board Action Taken</b>
Crystal Louise Agee, LPN, RN	27042888A & 28148543A	Summary Suspension
Angela Faye Bales, LPN	27033682A	Summary Suspension Renewal
Susan Francine Raman Balog, RN	27025696A	Indefinite Suspension & \$250 Fine
Curtis Raleigh Baughman, RN	28116577A	Indefinite Probation, CEU
Veronica C. Bent, LPN	27045611A	Agreed Indefinite Suspension & \$250 fine
Lisa Anne Brugh, RN	28113823A	Agreed Indefinite Suspension
Anthony J. Burns, RN	28115877A	Probation Withdrawn
Sherry Lynn Bushor, LPN	27044028A	Indefinite Suspension
Rebecca Jo Carrico, LPN	27052727A	Summary Suspension
Marcy Dyan Christmas, RN	28154642A	Indefinite Suspension
Sonya D. Clayton, LPN	27042578A	Summary Suspension
Wanda E. Crowell, LPN, RN	27023521A & 28106341A	Agreed Indefinite Probation & \$250 fine
Doreen L. Degryse, LPN	27026519A	Summary Suspension Renewal
Allison Ruth Ditmer, LPN, RN	28131234A & 27028263A	Summary Suspension Renewal
Denise M. Duffy, LPN	27050225A	Probation Withdrawn
Darlene Joy Free, RN	28079154A	Indefinite Suspension
Lori Ann Geisleman, RN	28121653A	Summary Suspension
Susan Harvey, RN	28078297A	Probation Withdrawn
Veronica Lee Hedges, RN, LPN	28131739A & 27034810A	Reinstated on Indefinite Probation
Robin Kay Henry, LPN	27025696A	Summary Suspension Renewal
Holly Jean Hopkins, RN	28142857A	Summary Suspension
Heather Dawn King, LPN	27049162A	Indefinite Suspension
Tammy Renee Wiley Kimbrough, LPN	27044805A	Summary Suspension
Sharon Lasher, RN	28103264A	Agreed Letter of Reprimand
Donna Michelle Leyba, RN	28113532A	Indefinite Probation & \$250 fine
Tracy Lynn Livvix, LPN	27041249A	Summary Suspension
Kimberly Jewell Malsom, RN	28102111A	Probation Withdrawn
Alvin L. Miller, RN	28117428A	Indefinite Suspension
Gari A. Miller, RN	28119716A	Indefinite Suspension
Connie Marie Parr, LPN	27031842A	Indefinite Suspension
Kimberly Jo Payne, RN	28125642A	Indefinite Suspension
Diana Van Winkle Prifogle, LPN	27030123A	Indefinite Suspension
Nicole C. Polin, LPN	27042077A	Indefinite Suspension & \$250 Fine
Terri L. Schultz, RN, LPN	28133001A & 27037537A	Indefinite Suspension
Brenda P. Settle, LPN	27033038A	Agreed Indefinite Probation, CEU
Sharon Rose Shelburne, RN	28145763A	Indefinite Suspension
Patrick Allen Sheldon, LPN	27052076A	Summary Suspension & Notice of Proposed Default
Pamela Glenette Shidler, LPN	27013561A	Agreed Letter of Reprimand, \$250 fine & CEU
Cynthia Kay Skatrud, LPN	27022768A	Indefinite Suspension & \$250 Fine
Stacy Alan Slaughter, LPN	27045240A	Summary Suspension
David E. Smith, RN	28122881A	Agreed Indefinite Probation & \$150 fine
Janice Sue Ford Smith, RN	28077574A	Reinstated on Indefinite Probation
Heather Florence Stallings, LPN	27043929A	Agreed Letter of Reprimand & \$250 fine
Kristina Marie Stamper, LPN	27041353A	Summary Suspension Renewal
Matthew T. Stevens, RN	28155064A	Summary Suspension
Tamara Sue Stockdale, LPN	27039584A	Summary Suspension Renewal
Jerry Lynn Swinson, RN	28103924A	Probation Modified to allow access to controlled substances
William George Thorpe, RN	28056210A	Summary Suspension
Candie R. Todosijevic, RN	28093854A	Probation Withdrawn
Sally R. Trumbo, LPN	27045315A	Indefinite Suspension
Mark Alan Tucker, RN	28121892A	Summary Suspension Renewal & Notice of Proposed Default
Agnes Helen Webster, LPN	27018066A	Notice of Proposed Default, Summary Suspension Renewal
Davis Kay Westrick, RN	28094683A	Probation Withdrawn
Angela M. White, LPN, RN	27032760A & 28133964A	Agreed Indefinite Suspension & \$250 fine
Tammy Leigh Wilson, LPN	27039584A	Agreed Indefinite Probation, CEU
Judith Diane Wooten, RN	28109176A	Indefinite Suspension
Sandra Lea Zeiger, LPN	27005646A	Agreed Indefinite Suspension & \$250 fine

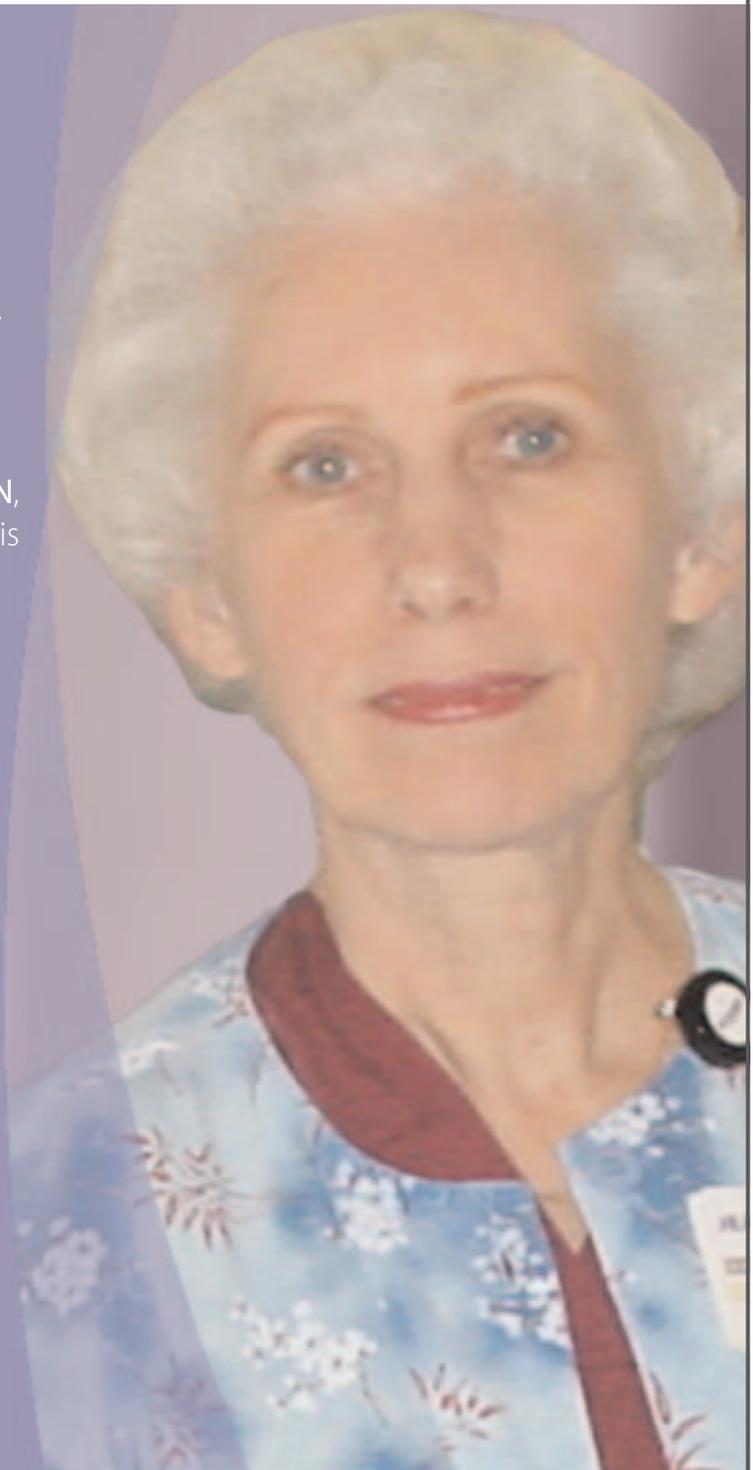


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