

arizona STATE BOARD OF NURSING

VOL4 • N°2 • MAY 2009
2ND QUARTER

REGULATORY JOURNAL



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PUBLISHED BY

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EDITION 14

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REGULATORY JOURNAL

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501.221.9986 • 800.561.4686
www.thinkaboutitnursing.com

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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

There Has Never Been A Greater Need for More Collaboration Between Those Who Teach and Those Who Practice the Profession of Nursing

While there is widespread agreement that clinical learning is at the heart of nursing education and competence, it has also been the most problematic for the undergraduate student learning over the past five years since the nursing programs have doubled enrollments. Indeed the nursing education literature has identified that some of the urgency as has Sally Doshier, Carol Mangold and Jane Werth in their article found on page 9 *The Clinical Coordinator Survey: An Assessment of Clinical Placement Issues for Pre-Licensure Nursing Students in Arizona Winter 2009*. The AzBN Education Committee initiated the project to assess the state of clinical placement for pre-licensure nursing student across Arizona. This rare study consulted others about their views concerning student clinical learning experiences. "The intention of the study was to understand the issues facing the clinical sites, their staffs and coordinators in placing more than 2,000 clinical groups each year."

Clinical education is generally agreed to be a shared responsibility of the nursing program faculty and nurses in health delivery systems. One author on the www.allnurses.com website under the student tab, requested that colleagues across the country provide "tips when you have a student nurse." Examples of tips provided are:

1. Post the clinical objectives on the unit for all preceptors and students to use as a reference. It helps the nurses know what level the students are in school and have listed what they may and may not do.
2. Give clear instructions. I once handed a package of chux to a student and stated "put these on the patient's bed," and she did – the whole wrapped package neatly centered at the foot of the bed.
3. Working with students basically means to slow down so you can explain things as you go. Explain why you do things a certain way. Don't be afraid to ask the students questions to see how much they know.

Additional "tips" vital to the development of capable and competent nurses for program directors, clinical faculty, students, staff nurses and clinical agency management are provided by Pam Randolph, RN MS, Associate Director for Education and Evidenced Based Regulation found on page 12.

In summary, the articles in this Journal edition are aimed to improve the clinical learning experiences of students by strengthening communication and partnerships between the nursing programs and health delivery systems. There has never been a greater need for more collaboration between those who teach and those who practice the profession of nursing to maximize the student's clinical experience for the ultimate goal of safe patient care.

Joey Ridenour, RN, MN, FAAN

Executive Director



From the Board President

KATHY MALLOCH, PHD, MBA, RN, FAAN

Challenging times bring unexpected opportunities

With the economic downturn and changes in consumer behaviors, nearly everyone is impacted in some way—spouses, family members and friends are experiencing reductions in work hours, loss of jobs, and uncertainty about future job security. The Arizona State Board of Nursing is not exempt from the impact of economic short-ages and has worked hard with the governor's office to decrease spending without impacting our commitment to protect the public in a timely manner. Perhaps the most dramatic change is with the demand for nurses.

If you had a crystal ball a year ago, would you have predicted that graduate nurses would have difficulty finding employment, or experienced nurses would be laid off? The persistent and long-standing shortages of nurses placed nurses in great positions to negotiate favorable working conditions and salaries. Most recently, the times of great demand for nurses have evolved into lower demand; not because we have enough nurses to meet community needs, but rather because consumers are reluctant to incur healthcare expenses in times of high unemployment. This situation can be viewed positively or negatively for the practice and regulation of nursing. My preference is, of course, to make lemonade out of these lemons.

These times of shortage provide new opportunities to examine what is really important in nursing work, what work should we retain, what work should we give up (Yes, I said give up some work!). As we struggle with the issues of clinical placement of student nurses, methods to assess continuing competence, and the overlapping scopes of practice of nursing and physician roles, the opportunity to be innovative in creating new and untried solutions to these issues is now present. The Arizona State Board of Nursing will be proposing changes in statute to allow pilot studies to advance the science of nursing regulation in the near future, and we strongly encourage proposals through our committee structure so that we can be ready if and when this legislation is approved. Your ideas have proved invaluable in the past, and I firmly believe we are ready to advance nursing regulation with new and innovative strategies. Please share your ideas!

In the mean time, as the economic events evolve, be true to yourself and your nursing license—it is your valuable property. Be sure to consider the following:

- Stay mission and value driven—do the work of nursing within the defined work of your organization.
- Remember, each one of us has boundaries and limitations—by licensure and personal capacity. No one can be all things to all patients. If your assignment is beyond your capacity, please identify your limitations and ask for help.
- Consumer/patient behaviors are changing as resources are fewer; sicker and more stressed patients are becoming the norm. Patients need your high level communication expertise to put them in the best place for healing.
- Take time to review our information-rich website www.azbn.gov.
- Explore the National Council of State Boards of Nursing website www.ncsbn.org. This site is also information rich and contains model documents and research evidence for nursing regulation.

Enjoy the journey and opportunities that are being presented to the nursing profession and participate in the design of our future.

Kathy Malloch PhD, MBA, RN, FAAN

Kathy Malloch, PhD, MBA, RN, FAAN
Board President

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The Clinical Coordinator Survey: AN ASSESSMENT OF CLINICAL

PLACEMENT ISSUES FOR PRE-LICENSE NURSING STUDENTS IN ARIZONA IN THE WINTER OF 2009

- BY SALLY DOSHIER, CAROL MANGOLD AND JANE WERTH

In the fall of 2008, the Education Committee for the Arizona State Board of Nursing wanted to assess the state of clinical placement for pre-licensure nursing students across Arizona. In addition to surveying nursing programs (see Pam Randolph's report at: [http://www.azbn.gov/documents/education/Nursing percent20Programs/Education percent20Program percent20Survey percent20of percent20Clinical percent20Placements percent202008.pdf](http://www.azbn.gov/documents/education/Nursing%20Programs/Education%20Program%20Survey%20of%20Clinical%20Placements%202008.pdf)), a sub-committee recommended a survey of clinical coordinators involved in placing student clinical groups in their facilities. The intention was to understand the issues facing the clinical sites, their staffs, and coordinators in placing more than 2,000 clinical groups each year.

After a beta-test of the questionnaire, a request for participation in the online survey was sent in late January 2009 to 52 clinical coordinators who work with Maricopa and Tucson area student placements, as well as rural hospitals around the state who have pre-license students from NAU and local community college programs. Within two weeks, 32 coordinators had responded (62 percent), representing 27 general service hospitals/hospital systems, three specialty hospitals, one rehabilitation hospital, and one

mental health facility. The large majority (78 percent) of the facilities were located in metropolitan Phoenix, while the Tucson area respondents were 16 percent of the total, and the remaining 6 percent came from hospitals in rural western and northern Arizona.

The results of the survey were presented to the Education Committee at their February 6 meeting. The findings, briefly summarized, include:

1. The quality of clinical learning in Arizona hospitals is perceived as good to excellent by 88 percent of respondents. Nurses are concerned about the quality of clinical learning.
2. Half of the respondents who kept data stated that requests for student clinical placements had been denied; half had not had to deny placements (2 respondents did not track this data).
3. 72 percent of respondents acknowledged competition with the scheduling of allied health professions' students and nursing students in their agencies (i.e., E.M.T.'s, respiratory therapy, scrub techs, etc.).

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4. Only 28 percent of respondents believed that more clinical groups of pre-license nursing students might be accommodated in their facilities. When asked for specifics, capacity for a total of 34 additional groups was reported available, including 42 percent on weekends and 20 percent on evening shifts. Most clinical availability (68 percent) is in adult-health-related units (medical-surgical, critical care, step down, etc.). Limited maternity and pediatric availability was noted, with no additional capacity for mental health clinical reported.

5. Open-ended questions elicited clinical coordinators' concerns that the nursing staff was generally overwhelmed with the number of students, are stretched to accommodate pre-licensure student groups, individual capstone/preceptorship students, new hires, new graduates, and RN refresher students. In addition, respondents were concerned that a decrease in patient census and the projected closing of units would further strain their ability to accommodate current obligations to area nursing programs.

6. Clinical coordinators requested that nursing programs consider new approaches to clinical scheduling, closely mentor new faculty teaching in the clinical area, and keep lines of communication open with clinical partners as census and other issues continue to make scheduling a complex undertaking.

In summary, there is currently a perceived "near-saturation" of clinical placement opportunities in many Arizona hospitals. Staff nurses are accommodating students from a variety of health professions, including both pre-license and licensed nurses, and are feeling that capacity has been reached in many settings, especially Maricopa County. While clinical learning experiences are generally viewed as good, there is concern about to the ability to continue to provide these opportunities. Nursing programs need to work closely with health care partners to plan and innovate for the clinical learning of their students.

Does the Board Have Your Current E-Mail Address?

BY JUDY BONTRAGER, RN, MN,
ASSOCIATE DIRECTOR/OPERATIONS



When you renew your license online, you will need to make sure the Board has a current e-mail address.

A recent change has been made so that a nurse/CNA may request to have their e-mail address updated in the Board's database without calling the Board. To do this, go to:

www.azbn.gov – Arizona State Board of Nursing's website

Click on "My Services" (the blue box with the white star)

Click on Username & PIN Code Request link

If your e-mail address is found in our data base, your Username & PIN code will be emailed to you.

If there is no e-mail address, or it is an old/invalid e-mail address, you will be given the option of completing the "Request to Change E-mail Address" form.

Be sure you include:

Your first and last name

Your license # i.e. RN437689

The last 4 digits in your social security number

Your date of birth

Your home address

You new e-mail address

Thanks for your help in keeping the Board informed of your current e-mail address.

EDUCATION CORNER

BY PAMELA RANDOLPH RN, MS

ASSOCIATE DIRECTOR EDUCATION AND EVIDENCE BASED REGULATION



Clinical Instruction is Not a PRN Activity

During site visits I have the opportunity to interview, observe and obtain student responses to clinical instruction. Fortunately for the most part students rave about their instructors and how helpful they are. The instructors ask tough questions they tell me. "They are always there when I need them." However occasionally they report or I observe the instructor who stations him or herself in a pre-determined location and rarely leaves. When questioned, these instructors will report that they cannot "be with 10 students at the same time." One clinical instructor reported that she did not track student's assignments because she knew if they were on one floor they had a "lung" and if on the other floor, a "heart." In one program, students reported that their instructor fell asleep during the clinical experience. There was also a report of an instructor sitting in the lobby with her feet propped up reading a novel during clinical. These may be extreme examples but they are symptomatic of the "PRN Clinical Instructor": the instructor who only teaches "as needed."

In a survey of agency clinical coordinators throughout the state (Clinical Coordinator Survey, 2009), comments were received that speak to the disconnect between hospital staff and clinical faculty. Hospital staff no longer know faculty or the curriculum of programs. While there are many great clinical instructors their actions are diluted by unprepared faculty and programs. Comments regarding clinical instruction are recorded below:

- I never saw or had an interaction with the instructor.
- Instructors need to improve in their preparation and arrangements for clinical.
- Clinical instructors need a stronger foundation in their clinical specialty.
- We need more interaction with the instructor.
- Instructors "rely on staff to do teaching."
- Clinical faculty are not oriented/mentored by the program.
- Some programs are hiring clinical faculty

at the last minute with no experience in teaching.

- Some clinical instructors have the impression that clinical instruction is "easy money."
- Some programs think that the only criteria to be a clinical instructor is a BSN and a license.

In national survey conducted by the Nursing Executive Center (2008), it was reported that 90 percent of nursing program directors agreed that "overall, new graduate nurses are fully prepared to provide safe and effective care in a hospital setting." Only 10 percent of hospital nurse executives agreed with that statement. Their report recommended improved student clinical instruction. Benner and Leonard (2007,) state that excellent clinical instructors teach "clinical reasoning as situated and socially embedded." Excellent clinical instruction focuses on "fluid concerns about the patient, the context, and priorities" (p. 9).

In examining the reasons for inconsistency in clinical instruction, it should be noted that nursing program enrollments and part-time clinical instructors doubled in the past five years, however the number of full-time faculty did not (Randolph, 2007). As a result, some clinical instructors may have little stake in or awareness of theoretical content and may lack the knowledge and skill to provide effective clinical teaching. Although required by the Board, many educational institutions do not formally evaluate part-time adjunct faculty, so many program directors may be unaware of deficiencies in clinical instruction. Program directors are in a difficult position when they must fill faculty vacancies on short notice without adequate time for orientation and structured mentoring of the new faculty. When hired, the clinical instructor may not be familiar with the unit or patient care population. Students in one program reported that their instructor was unable to find the unit of the first day of clinical. When discussing clinical teaching with Arizona educators at the annual statewide educator's meeting in October, 2008, one

program reported that they were conducting unannounced visits of clinical sites. They discovered inconsistencies in clinical instruction which prompted additional policy development and support for clinical instructors.

In light of national, state and site visit findings, the following recommendations are offered to persons and organizations involved in clinical instruction of students.

FOR PROGRAM DIRECTORS

- Provide an effective mentoring and orientation program for new clinical faculty
- Develop policies to ensure clinical faculty to spend a minimum of eight hours shadowing a staff nurse on each assigned unit before the first clinical day.
- Explicitly state clinical faculty expectations in policy (e.g. surveillance, knowledge of assignment, reinforcement of didactic content.)
- Assign clinical instructors to patient care areas where they have maintained competence.
- Ensure that clinical faculty are evaluated through unannounced visits by yourself or a seasoned nurse educator.

FOR CLINICAL FACULTY

- Know each unit before you arrive with students—where supplies are, medication systems, and staff. Make a point to introduce your self to unit management staff each day so they know your name and pager number.
- Round on students—provide spontaneous instruction several times to each student during the clinical experience. Ask critical questions of students such as "why are you doing this?" or "what is the expected outcome?"
- Partner with staff—ask staff about suitable student experiences and what students could do to ease the staff workload.
- Develop effective alternative activities that utilize the clinical site and resources when census is low.

CONTINUED ON PAGE 14

- Use post-clinical conference for reflection and reinforcement of clinical learning. For example if a student administered a pain medication and the response was inadequate, explore the meaning of this finding and the implications for further data collection, nursing actions, and evaluation criteria.
- Provide linkages between clinical situations and rotations—“what is similar about this situation and the clinical experience last week?”
- Provide opportunities for students to work with other health team members.
- If feasible, visit the unit the day before each clinical experience to assign patients and learn about special needs of patients.
- Track student patient care experiences across the rotation.
- Provide weekly, specific, written feedback to students on their clinical performance.
- Decline assignments to patient care areas where you have failed to maintain competence.

FOR STUDENTS

- Prepare for clinical; be ready to answer the “why” questions; reflect on experiences.
- Provide assistance to unit and staff nurse in carrying out work of the unit. A frequent complaint heard from hospital staff are that nursing students “nurse the medical record” rather than the patients owing to students spending large amounts of time at the nurses station in lieu of assisting with hands-on activities.
- Know where supplies are and how to access.
- Seek diverse experiences and challenging patients.
- Participate in post clinical discussion even when the patient is not your own.
- Connect the clinical experience to the didactic content .
- Inform clinical instructor of times of medications and treatments needing supervision.

FOR STAFF NURSES

- Encourage clinical instructors to orient to the unit before the experience.

- Inform clinical instructors of in-service opportunities.
- Recommend student patient care assignments and inform instructor of student learning opportunities as they arise.
- Inform clinical instructors of your assessment of student performance.
- Report any perceived inadequate clinical instruction to your supervisor or the nursing program director.
- Report perceived excellence in clinical instruction to your supervisor or the nursing program director.
- Welcome and embrace students—remember what it was like to be a student.

FOR CLINICAL AGENCY MANAGEMENT

- Develop policies for student clinical experiences.
- Provide feedback to the nursing program of both inadequate and excellent clinical instructors.
- Allow students in the clinical group to be in the same geographical location. It is difficult to supervise ten students on multiple units and wings of large medical centers.

In summary, it is critical that all those involved in clinical teaching-learning work together to enhance student clinical experiences. Clinical instruction cannot occur on a PRN basis, only when the student calls the instructor. The student is not sufficiently aware of their learning needs to ask the instructor to validate their clinical reasoning. The instructor needs to be actively involved in clinical teaching. The student needs to be actively involved in clinical learning, not just performing tasks. The facility can support quality clinical teaching and learning by developing student clinical policies and providing a supportive environment.

BOARD ACTIONS ON EDUCATION MATTERS

JANUARY 2009

- The Board adopted the following related to the LPN program at East Valley Institute of Technology (EVIT):
 - o Issue notice of deficiency for violation of R4-19-206 (D) with eight months to correct;
 - o Issue notice of deficiency for violation of R4-19-204 (B) with 30 days to correct;

- o Require monthly progress reports on other potential violations and suggestions for improvement and revisit program following receipt of application for full approval with a report back to the Board;
- o Conduct site visit following meeting to investigate student allegations; and
- o Recommend that the program suspend all future admissions.
- The Board adopted the following motion related to the Associate Degree Nursing Program at Central Arizona College
 - o Provide a report to the Board within six months that contains evidence that potential areas of deficiency are remedied. If any deficiencies are not corrected, program shall return to the Board for a determination of status.
- The Board adopted the following motion related to the LPN to BSN program at University of Phoenix
 - o File written report in six months on resolution of potential viola-

tions and any other programmatic improvements implemented. If potential violations are not remedied within 6 months, return to the Board for a Notice of Deficiency.

- Accepted report from Cochise College regarding remedying of potential deficiencies and continued full approval of the program.
- Accepted report from Arizona Western College regarding remedying of potential deficiencies and continued full approval of the program.
- Granted request from Northland Pioneer College to extend approval of refresher course
- Received information related to personnel changes at Chamberlain College and International Institute of the Americas
- Dismissed complaint against Direct Caregiver CNA Program
- Adopted policy for program case disposition criteria.

MARCH 2009

CONTINUED ON PAGE 16

SAVE THE DATE

The 2010 Seventh Annual CNA Educators Retreat

***NUTS AND BOLTS
OF EDUCATION***

January 15, 2010
At the Black Canyon
Conference Center

Registration for this event will begin after July 1, 2009. Please check the Arizona State Board of Nursing website at www.azbn.gov for more information.

- Adopted the following motion regarding East Valley Institute of Technology:
 - o Accept plan for remedying current violation of R4-19-206 (D)
 - o Accept program response as sufficient evidence of correction of potential violations contained in this report.
- Granted proposal approval to ITT Technical Institute to offer an RN program
- Granted proposal approval to Fortis College to offer an LPN program
- Adopted the following motion regarding IIA nursing program:
 - o Continue provisional approval until a determination is made of program's remedying of the current deficiency (R4-19-206 (D)). The program shall provide monthly reports to the Board on changes in personnel and management, faculty evaluations, curriculum development, and measures to improve NCLEX pass rates. The Board shall re-evaluate program status at end of deficiency period (September 30, 2009).
- Continued full approval of the nursing program at Northern Arizona University
- Approved application from University of Arizona for a pediatric nurse practitioner program
- Reviewed clinical capacity surveys
- Adopted policy on submission of materials to the Education Committee
- Reviewed NCLEX 4th quarter and annual reports
- Received information on changes in CNE-Net refresher program and the report of the Refresher Course Provider Meeting
- Approved Josef Silney & Associates to provide credential evaluation services for graduates of international nursing programs
- Accepted report from University of Phoenix regarding remedying of potential deficiencies
- Issued letter of concern to Southern Arizona Veterans Home Care System CNA Program and allowed graduates from a program offered prior to Board approval to take the NATCEP exam.

CLINICAL PROGRAM SURVEY: Group Placement In 2008

BY PAMELA K. RANDOLPH, RN, MS, ASSOCIATE DIRECTOR EDUCATION AND
EVIDENCE BASED REGULATION

In September 2008, at the direction of the Education Committee, the Arizona State Board of Nursing sought to quantify and objectively measure the clinical placement environment in the state. Committee members were concerned with reports from programs stating that clinical placements were increasingly unavailable and not suitable for meeting program outcomes. Board staff also noted that students frequently report that their clinical group was cancelled at one location necessitating travel to a remote location for clinical. With some rural programs the travel may involve hundreds of miles and an overnight stay. Students experience additional stress when these abrupt changes occur. Finally the Board continues to receive applications from entities seeking to establish a new nursing program in Arizona. When informed about the challenges in securing clinical sites, the applying programs tend to minimize the issues and state they will use "non-traditional sites" or alternative hours. Once they are approved however, they are reported to compete for the same traditional sites and hours as existing programs.

SURVEY INSTRUMENT

A survey instrument was developed by Board staff and approved by the Education Committee after being piloted by both a large program and a small rural program. The survey asked the programs to identify the following for the time-frame of July 1, 2007 through June 30, 2008:

- Total number of pre-licensure clinical groups placed in a patient care experience.
- Average size of clinical groups.
- Number of clinical groups that were placed in a patient care experience according to a pre-arranged plan.
- Number of groups that were placed in a patient care experience in the same facility and days as planned but on different units.
- Number of clinical groups that were placed in a patient care experience in the same facility and units as planned

but on different days or hours than originally planned.

- Number of groups that were placed in a patient care experience in a different facility but in a similar type of facility to the planned placement.
- Number of clinical groups placed in a patient care experience in a different facility type than the planned placement .
- Number of clinical groups that were NOT placed in a patient care experience for any portion of the clinical AND had all clinical in a laboratory setting.
- Number of clinical groups not accounted for in any other category.
- TOTAL number of patient care experience days cancelled by the facility for any reason.

The following definitions and explanations were provided:

- Clinical group means a group of no more

than 10 students assigned to a clinical instructor for patient care experiences at a particular facility/setting e.g. if during one semester the same 10 students would rotate between pediatrics and psych-mental health, that would be 2 groups.

- To meet the criteria for a "pre-arranged plan," the clinical arrangements should have been made at least 30 days before the start of the clinical rotation.
 - Similar type of facility was defined as the same category such as acute care hospital. For example, the experience changed from Banner Desert to St. Joseph's.
 - A different type of facility would occur if an acute care pediatric experience was planned, but students were eventually placed in an outpatient pediatric clinic.
 - Programs were additionally instructed not to include groups whose total clinical experience was planned in a skill lab.
- The programs were additionally requested to provide the following information that will be reported in aggregate:

- Placement suitability in achieving objectives.
- List of facilities that cancelled prear-

RESULTS TABLE

	NUMBER	%
Total number of pre-licensure clinical groups ¹ placed in a patient care experience	2109	
Number of clinical groups that were placed in a patient care experience according to a pre-arranged plan ²	1718	81 %
Number of groups that were placed in a patient care experience in the same facility and days as planned but on different units	72	3 %
Number of clinical groups that were placed in a patient care experience in the same facility and units as planned but on different days or hours than originally planned	198	9 %
Number of groups that were placed in a patient care experience in a different facility but in a similar type ³ of facility to the planned placement	58	3 %
Number of clinical groups placed in a patient care experience in a different facility type ⁴ than the planned placement	20	1 %
Number of clinical groups that were NOT placed in a patient care experience ⁵ for any portion of the clinical AND had all clinical in a laboratory setting	1	
Number of clinical groups not accounted for in any other category	33	2 %

ranged clinical groups with less than 30 days notice without assisting the program to obtain alternative sites.

- Explanation of any groups not accounted for in the cells.
- Any facilities that cancelled one or more days of a clinical rotation.
- Any other comments or explanations.

RESPONSE RATE

The survey was sent electronically to all program directors in September with a due date of October 10, 2008. Approximately half the programs responded by the due date. Non-responding programs were sent additional reminders. Not all program sites consolidated their response; therefore, the number of responses does not accurately reflect the number of nursing programs. Two sites of a large metropolitan program were unable to provide the needed information. All other program either submitted a completed survey or indicated they did not place any clinical groups during the period of the survey. Some programs did not respond to the items relating to suitability of the clinical placement in meeting objectives and some of the responses did not account for all groups.

RESULTS

Usable responses were obtained from 33 entities offering pre-licensure nursing education in Arizona. Usable responses were broken down into type of program:

LPN = 5

RN (diploma) = 1

RN (AD) = 21 (8 are sites of one program)

RN (BS) = 6 (2 are sites of one program)

Group Placements According to Plan

Between July 1, 2007 and June 30, 2008

Arizona nursing programs placed 2109 clinical groups. Eighty-one percent (N=1718) of all groups were placed according to a prearranged plan known to the program at least 30 days in advance. Nine percent of groups (N=198) were placed within the same facility and unit as planned but on different days and times than planned. Three percent of groups (N=72) were placed on different units in the same facility at the same times as planned. Three percent (N=58) were placed in a different facility but similar to the planned facility. One percent (N=20) were placed in a different type of facility than planned. One group had their patient care experience cancelled and conducted all clinical in a laboratory, and

CONTINUED ON PAGE 20

33 groups (2 percent) are not accounted for in any of the categories. Although it may not seem significant that nearly 20 percent (N=391) of clinical groups were not placed according to plan, it must be remembered that this represents approximately 3,900 displaced students.

GROUP SIZE

The majority of programs maintain an average clinical size of 10 students (N=23). Five programs average eight students per clinical group and four programs average nine per clinical group. One program has clinical groups of six. The Board limits clinical groups to no more than 10 per instructor however there have been reports of facilities limiting group size to eight students or less. One program has clinical sites in another state whose regulations limit clinical groups to eight students. One private program has less than 10 in a clinical group because of difficulty attracting sufficient students. Additionally, some programs voluntarily limit the size of clinical groups to provide students more instructor access during clinical.

SUITABILITY OF PLACEMENT TO MEET COURSE OBJECTIVES

The programs were then asked to rate the placement suitability for meeting course objectives. While programs were promised anonymity in reporting the results, several program directors questioned whether any program would admit to the Board that a clinical placement was less than adequate. There were some programs that did not complete this section or did not account for all groups in this section; therefore, the total groups represented is less than the total groups placed (N=1769). There were four categories of responses: optimal to meet all objectives, adequate to meet a majority of the objectives, adequate for some objectives but inadequate for a majority of the objectives, and wholly inadequate. Sixty-two percent (N=1095) of placements were rated as optimal to achieve all objectives while 32 percent (N=574) were rated as adequate for a majority of objectives. Five percent (N=96) were rated less than adequate for a majority of the objectives and only four (0.2 percent) groups were reported to have totally

inadequate clinical experiences.

PROGRAM NARRATIVE RESPONSES

Results of the qualitative questions asked in the second part of the survey were analyzed. Actual responses are recorded with identifying information removed in Appendix A.

CANCELLATIONS

Only one clinical setting outright cancelled a clinical experience without offering alternative placements.

GROUPS NOT ACCOUNTED FOR

The survey appeared to account for most group experiences. One school did not report their groups placed in community experiences and schools were instructed not to report preceptorship groups; however, responses indicate that preceptorships are also difficult to obtain.

“Due to agency staffing and availability problems, preceptorship placements were usually not confirmed until < 30 days prior to the start of coursework. Students were required to relocate long distances (Yuma, Tucson, Chinle, Show Low) for placements, often < 1-2 weeks before the first day of class, resulting in hardship, dissatisfaction and significant expense to the students.”

CANCELLED CLINICAL DAYS

Only a few facilities actually cancelled clinical days. There does not appear to be any pattern and both rural and urban facilities were reported.

ADDITIONAL INFORMATION

Programs provided extensive responses to the last query asking to provide information that would help the Board understand clinical placements. Sixteen entities responded, many with multiple issues surrounding clinical placement. Responses were categorized into key themes. Many programs reported multiple issues. Most responses conveyed a sense of frustration. “Limited clinical space adversely influences the quality of the educational experiences and student preparation for entry into the nursing profession.”

The largest number of responses concerned restrictions imposed upon programs by clinical agencies. Sixteen responses were in this category. The most frequently cited restriction was in number of students allowed in a clinical setting. Clinical facilities are limiting clinical groups to eight in many cases and

two-five in some settings.

“Agencies impose their own restrictions, such as: limit to no more than 8 students in a group (now four-five agencies, up from one year ago); Limit clinical experiences to 12 hr shifts (not an option for eight hr shifts); Limit clinical days/week to 4; Request a balance of AD/BSN students; Start times of 7 am or 7 pm only (one system) (evening shift not an option); Request no weekend clinical experience; Reduce student numbers on weekends; Limit student experience to one group per day (many agencies impose this for specialty units)”

Other added clinical requirements seen as problematic were: requiring influenza immunization, added drug screens and requiring medical insurance.

Nine responses were in the category of system issues for both programs and facilities. Partnerships were reported to be both a help and barrier as were dedicated educational units. Untimely signing of a contract was cited as a reason for changing clinical sites in one case. Nurse burn-out and the increasing numbers of new graduates and externs on the units was also a barrier. “When nurses employed by the facility are constantly assigned nursing students, the potential for fatigue and burn-out increases significantly.” System issues also were reported on the program side with competition from other programs and “countless hours” being spent securing clinical placements. Another program reported that in looking at the grid in Maricopa County, there appear to be openings, when there are none.

Five responses indicated that some available clinical experiences were not ideal for meeting the objectives of the program either due to census or acuity. “Patient acuity at one hospital was not as good for student experience as other facilities, but was adequate to meet the objectives of the course.”

Three programs reported supplementing clinical experiences with simulation. “We did use sim as part of our lab time to ensure our clinical objectives were met depending on census and variety of cases available in acute care setting.” Areas of difficulty were reported to be pediatrics and maternity, however the

comments also mention psych-mental health as problematic. "A psych clinical site will accept anywhere from one student at a time to five at a time. For the academic yr in question we had 44 student Psych clinical group rotations."

DISCUSSION

During the time-frame of data collection, the majority of clinical placements in Arizona nursing programs were well planned and optimal to meet course objectives. It is of concern that 38 percent of clinical group placements were reported to be less than optimal to meet objectives and nearly 20 percent reflected a change in plans. 647 groups and over 6,000 student experiences were less than optimal and 391 group representing over 3,000 students were placed in unplanned clinical experiences. Clinical experiences that do not meet all objectives of the program may result in unsafe graduates. Responses reflect considerable frustration and concern regarding the difficulty obtaining placements and the future sustainability of the system in the midst of program expansion. Program responses revealed an awareness of the issues clinical facilities are also experi-

encing with the rapid influx of students over the past five years. Nursing student population has doubled since 2002 and continues to grow (Randolph, 2008.) Programs are facing additional stressors in recruiting qualified and talented faculty as budgets shrink and faculty salaries stagnate. Simulation has been viewed as an alternative to patient care, however the data regarding the value of simulation in replacing clinical is not compelling (NCSBN, 2009.) Clinical placements are a scarce resource and may limit future expansion and establishment of nursing programs in Arizona.

REFERENCES

Randolph, P (2008) Annual Reports from Arizona Nursing Education Programs 2007. azbn.gov/documents/education/annualreports.

NCSBN unpublished study (2009): The Effect of High-Fidelity Simulation on Nursing Students' Knowledge and Performance: A Pilot Study

Responses to the question: For any number other than "0" in cells 6 and 7, please list the facilities that canceled pre-arranged clinical experiences and did not facilitate alternate appropriate placement within the facility or the health care network:

Eight entities responded to this query;

- The clinical site was changed by the School related to Instructor preference.
- The agency did not cancel the experiences, the number of requests exceeded the agency's capacity restrictions; therefore, we moved to another facility
- During clinical resolution, part of the clinical coordination process, 15 groups had to be moved to resolve conflicts with other programs so that hospital overloads could be resolved.
- This number reflects the number of individual students in the preceptorship who were unable to attend scheduled work shifts w/ preceptors either due to preceptor illness and/or unscheduled cancellation of work shifts w/o other preceptors available to work w/ them
- Summit Healthcare did not cancel pre-arranged clinical experiences but the census was too low to support the number of student nurses scheduled from other schools, so alternate appropriate placement outside the facility was arranged.
- Carondelet Health Network removed one clinical group from Tucson Heart Hospital and offered placement at one of their other similar facilities, however the learning experience would not have

APPENDIX A FOLLOWS ON PAGE 24

been optimal so the students were placed at Tucson Medical Center.

- Agency was Northwest Medical Center Women’s Center – students were cancelled for the original dates, but agency facilitated the clinical rotation at a later time. While an acceptable clinical experience, the timing was not good – the students had completed the course and were already in their next clinical rotation making this a hardship for the students.

- Yavapai Regional Medical Center East Campus

Groups not accounted for in any other category

Three entities responded to this query:

- ... also places students in community experiences, not through the clinical placement consortium. These experiences include the following:

Junior 1: Schools, Primary Care facilities, Well Elder Experiences

Junior 2: Community Psych agencies (Value Options, TERROS, etc)

Senior 1: Schools, Home Health, Community partners, Clinics, Jails

- o Due to administrative constraints and clinical dates that did not coincide with those of regional preceptorship clinical placement programs, ... was unable to participate in those assignment processes. The course coordinator was required to contact each individual hospital’s student coordinator to request preceptorship placements. This was done throughout the state of AZ. Due to agency staffing and availability problems, preceptorship placements were usually not confirmed until < 30 days prior to the start of coursework. Students were required to relocate long distances (Yuma, Tucson, Chinle, Show Low) for placements, often < 1-2 weeks before the first day of class, resulting in hardship, dissatisfaction and significant expense to the students.

List of facilities that cancelled one or more clinical days:

- o Banner Baywood cancelled three clinical days during their implementation of the electronic medical record.

- o Scottsdale and Flagstaff Medical Center

- o Banner Behavioral Health

- o Northwest Medical Center Women’s Center

- o Yavapai Regional Medical Center East Campus

Responses to “Please provide explanations to any responses above or other information you think might help the Board better understand clinical placements” include:

- Agencies impose their own restrictions, such as: Limit to no more than 8 students in a group (now 4-5 agencies, up from 1 one year ago); Limit clinical experiences to 12 hr shifts (not an option for 8 hr shifts); Limit clinical days/week to 4; Request a balance of AD/BSN students in limitations; Start times of 7 am or 7 pm only (1

system) (evening shift not an option); Request no weekend clinical experience; Reduce student numbers on weekends; Limit student experience to 1 group per day (many agencies impose this for specialty units); Agencies are increasing requirements in contracts for clinical placements: New this year: 1 agency requires flu shots, or a declination form; Same agency requires specific drug screen; Another system requires Medical Health Insurance;

- o Partnerships can either facilitate or impede placement;

- o Dedicated educational units can facilitate or impede placement;

- o Resolution of clinical placement conflicts takes countless hours for many educators. Resolution meetings are now down to 5.5 hours from 9 hours, due to much informal resolution occurring 2 weeks prior to our actual meeting.

Did not include preceptorship in the clinical groups. We had 40 students in preceptorship during this time period.

Placing students in pediatric clinical seems to be our most challenging area.

Most of our clinical sites are optimal for achieving our clinical instruction objectives. A small number of clinical sites have been adequate, but less than optimal. We are negotiating clinical agreements with new clinical sites that we hope will be more suitable. Clinical placements in OB and Pediatric are limited so we use clinical simulation instructions to supplement those areas to achieve all objectives.

The facilities tried to keep students where scheduled. Once in a great while if the census fell too low, one or more students were moved to a similar unit elsewhere. No problems with this process.

Dwindling number of facilities; facilities allow 2-10 students per patient shift per day. Specific shift times facilities accept students—restrictions of which block student facility will accept—limited number of faculty available to teach smaller group number of students. Many sites have reduced the number of students they will take per day / per week. For example, Banner Behavioral Health Hospital only takes 2 groups per week, 4 shifts per week and wants a balance of BSN and ADN students per week. All the detailed capacity requirements have contributed to reduced availability of clinical placements.

Patient acuity at one hospital was not as good for student experience as other facilities, but was adequate to meet the objectives of the course.

Limited clinical space adversely influences the quality of the educational experiences and student preparation for entry into the nursing profession.

When nurses employed by the facility are constantly assigned nursing students, the potential for fatigue

and burn-out increases significantly. Many of our facilities and community partners do not recognize this additional occupational burden and do not compensate the nursing staff for this added responsibility. The nursing staff many times are unable to adjust the schedule or assignment of students to their units or turn students away because there is no alternative.

There are severely limited options to send our ... students to capstone experiences in the Valley. The system there is so saturated. Occasionally we get a student in but usually we are closed out.

The summer and winter orientations of fresh graduates and externships at facilities typically reduce the number of available clinical experiences and variety of offerings for student nurses.

The ... Program ..., in order to provide optimal learning experiences for students, has had to place students on the evening shift, night shift and on weekends. ... (person’s name deleted) at the ... oversees a clinical placement grid that identifies all the pre-licensure nursing programs utilizing clinical sites in the greater ... area. The purpose of this grid is to have balanced placement of students to optimize clinical learning experiences. This clinical placement grid is approved by the various clinical sites.

... (facility name) arranges clinical placements with pre-licensure nursing programs independently. Clinical placement issues are:

1. One pre-licensure nursing program will only place students in clinical sites on the day shift and weekdays.
2. To accommodate a clinical group of ten students, some students need to be rotated off the units for alternate learning experiences. Often other nursing programs are using the off unit sites that would most closely fit with the course content. Therefore, less that optimal off site rotations must be used.
3. In some cases, after clinical placement has been decided and the students and instructor arrive for the learning experience, the facilities decide there are too many students on a particular unit and dictate a number that must be rotated off.
4. Even after the grid has been approved by the facilities months in advance, right before classes start the facilities want to limit the number of students on the floor

Some hospitals are unwilling to sign agreements with schools for clinical groups stating that they are inundated with students; however, light days and days with no nursing students are noted on coordination calendars.

Hospital systems with their own nursing schools of course take precedence over and limit or refuse other school placement in their own hospitals. The hospital based schools then also sign up for clinical spaces at other hospitals and clinical sites.

This reduces the clinical capacity further
Facilities are now reducing the number of students per group from 10 to 8, when the groups are a full 10. Then 2 students are then sent to observation experience within the same facility. Clinical Lab Alternative days are now planned to cover a more comprehensive experience for students in an scenario situation that has team building and debriefing on the performance by group with the instructor. Banner had the fully agreed upon contract to be signed but failed to signed in a reasonable amount of time and the clinical dates had to be rescheduled at a very less than optimal site.
We currently also have 8 clinical sites for 4th semester Psych experience that over a semester we send 3 clinical groups of students to. A psych clinical site will accept anywhere from 1 student at a time to 5 at a time. For the academic yr in question we had 44 student Psych clinical group rotations.
We also have a Capstone program that students are sent to outlying facilities for 135 hrs before exit of program. During this academic period in question we used a total of 8 facilities which took anywhere from 1 student to a max of 22 students at a time.
We did use sim as part of our lab time to ensure our clinical objectives were met depending on census and variety of cases available in acute care setting.

CNA CORNER - MAY 2009

BY LILA VAN CUYK, RN, BSN

NURSE PRACTICE CONSULTANT/ CNA PROGRAMS



This Quarter I will be sharing with you “great questions” asked while conducting site visits for NA Training Programs around Arizona.

WHEN TAKING THE CERTIFIED NURSING ASSISTANT TEST, WHAT IS THE RULE ON TAKING CELL PHONES OR ELECTRONIC DEVICES INTO THE TESTING ROOM?

- No cell phones, electronic devices of any kind or personal items are permitted in the testing room. Anyone caught using/testing on a cell phone during testing will be removed from the testing area, forfeit testing fees and will not be permitted to test for a minimum of six months. Allowable items include only a #2 pencil, car keys, and cash. It is recommended all other personal items be locked in a car. If items are left in the waiting area, it will be at the risk of the person testing. A manual calculator will be available upon request from the test observer.

HOW DO I PROVE MY IDENTITY AT THE TIME OF TESTING?

- If the name on the D&S Diversified Technologies Examination Application (Form 1101) does not match the proof of identity which is provided on the day of testing, you will not be admitted to the test and any test fees will NOT be refunded.
- If the name on the Certificate of Completion does not match the name on the AzBN Application for Nursing Assistant by Examination or Endorsement and the Proof of Identification, this will delay the processing of the Certified Nursing Assistant application.

WHAT'S NEW ON THE AZBN WEBSITE WWW.AZBN.GOV?

- New!! There is a new Application for Instructor/ Coordinator form. Please complete this form when seeking approval for a new instructor/ coordinator. You will no longer have to send a copy of

the applicant resume.

- New!! Suggestions for Improving Pass Rates.
 - New!! Recommended Laboratory Supplies List.
 - Updated!! Initial and Renewal Application packets for NA Training Programs.
- ### WHAT IS A CONSOLIDATED NURSING ASSISTANT TRAINING PROGRAM?
- If a program wishes to be eligible for a “consolidated site” by adding a new classroom site, all questions must be answered “yes.”
- Are the programs you wish to consolidate in the same department on the organizational chart?
 - Does a single RN administrator or coordinator have authority and responsibility for all sites, instructors and the coordinator? If the administrator is not the coordinator, does the administrator have a major role in hiring, retention and evaluation of all instructors?
 - Are curriculum and policies identical for all sites?
 - Is the hour for hour breakdown for

continued on page 38 >>>

JAN - FEB - MAR, 2009

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
3/11/2009	Ackerman, Anna R.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit; Failure to Cooperate
2/4/2009	Allen, Earlene	CNA447954353	Stayed Revocation	Substance Abuse; Patient Abuse
2/26/2009	Allen, Earlene	CNA447954353	Revoked	Failure to Comply Board Order
1/27/2009	Allen, Heather L.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit; Failure to Cooperate
2/14/2008*	Alvarez, Margaret	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Unable to Practice Safely - Substance Abuse
2/19/2009	Amado, Bettina	CNA Applicant	Certificate Denied	Fraud; Unauthorized Prescribing Medicine
2/18/2009	Anderson, Jay W.	CNA999990872	Civil Penalty	Fraud
1/5/2009	Anderson, Kristofer R.	CNA999989256	Voluntary Surrender	Patient Neglect; Sexual Misconduct
2/19/2009	Arnot, Wanda J.	CNA Applicant	Certificate Denied	Narcotics Violation or Other Violation of Drug Statutes Criminal Conviction
1/10/2008*	Arviso, Jerris	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/7/2008*	Avakian, Doreen M.	CNA Applicant	Certificate Denied	Criminal Conviction; Violation of Fed/State Statutes/Rules
1/2/2009	Baca, Ida L.	CNA478031103	Revoked	Failure to Comply Board Order; Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/13/2009	Baird, Audrey J.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
2/22/2008*	Balzer, Martin P.	CNA Applicant	Certificate Denied	Criminal Conviction; Unprofessional Conduct; Violation of Fed/State Statutes/Rules
3/16/2009	Bastyr, Sarah A.	CNA1000010578	Revoked	Criminal Conviction; Failure to Cooperate
3/12/2009	Bejar, Martha A.	CNA1000009963	Revoked	Dual Relationship/Boundaries; Exploiting a Patient for Financial Gain
4/4/2008*	Bigler, Linda K.	CNA233089103	Suspension	Failure to Comply Board Order
2/22/2008*	Birchfield, Kyle A.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes; Unprofessional Conduct
3/10/2008*	Blue, Debra D.	CNA948304837	Suspension	Failure to Comply Board Order
3/26/2009	Bowden, Lasheer D.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
1/5/2009	Bradley, Ebone M.	CNA1000001776	Revoked	Misappropriation of Property
1/5/2009	Bradley, Holly M.	CNA999994780	Revoked	Criminal Conviction
1/30/2009	Brin, Stella G.	CNA1000011070	Stayed Revocation w/Suspension	Practicing Beyond Scope; Unprofessional Conduct; Unable to Practice Safely
7/9/2008*	Brooks, William W.	CNA Applicant	Certificate Denied	Criminal Conviction; Patient Abuse
3/24/2009	Browsers, Angela J.	CNA Applicant	Certificate Denied	Criminal Conviction
2/6/2009	Brown, Shanieka N.	CNA1000018804	Civil Penalty	Criminal Conviction
4/11/2008*	Brutus, John	CNA1000015668	Civil Penalty	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
5/22/2008*	Burrell, Dawn M.	CNA1000014963	Revoked	Failure to Comply Board Order
3/13/2009	Caldera, Ana M.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud; Failure to Cooperate
3/24/2009	Camacho, Fidel Jr O.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit; Failure to Cooperate
9/15/2008*	Camacho, Kayla A.	CNA1000017212	Stayed Revocation	Violation of Fed/State Statutes/Rules; Narcotics Violation or Other Violation of Drug Statutes
1/14/2008*	Capone, Christina M.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Unable to Practice Safely - Substance Abuse
3/13/2009	Castillo, Pedro A.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
1/22/2009	Castro, Ladislado	CNA999991351	Revoked	Failure to Comply Board Order
3/16/2009	Chapetti, Sara G.	CNA657248103	Revoked	Patient Neglect; Diversion of Controlled Substance; Practicing Beyond Scope
1/27/2009	Chavez, Francisco J.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
6/27/2008*	Clark, Jolisa C.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
1/13/2009	Claw, Jamescita	CNA Applicant	Certificate Denied	Criminal Conviction; Misappropriation of Property
3/26/2009	Cornelius, Tammy A.	CNA999989692	Stayed Revocation w/Suspension	Criminal Conviction; Violation of Fed/State Statutes/Rules; Unprofessional Conduct
9/25/2008*	Cortez, Elias B.	CNA Applicant	Certificate Denied	Unable to Practice Safely - Substance Abuse; Criminal Conviction
1/5/2009	Cowans, Tracy N.	CNA999990864	Revoked	Criminal Conviction
3/7/2008*	Creekmore-Drake, Jayne M.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
1/16/2008*	Cruz, Phillip G.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
5/27/2008*	Cummings, Lynne	CNA825409326	Revoked	Failure to Comply Board Order
2/28/2008*	Decker, Darrell D.	CNA Applicant	Certificate Denied	Criminal Conviction; Sexual Misconduct; Unprofessional Conduct
12/27/2008*	Demoranville, Debra A.	CNA719411464	Civil Penalty	Violation of Fed/State Statutes/Rules; Criminal Conviction
2/21/2008*	Dial, Robert M.	CNA Applicant	Certificate Denied	Narcotics Violation or Other Violation of Drug Statutes; Unprofessional Conduct; Criminal Conviction
3/16/2009	Dietrich, Thomas R.	CNA999987605	Revoked	Unable to Practice Safely - Substance Abuse; Unable to Practice Safely - Psych/Mental; Patient Abuse
3/10/2009	Dishman, Melissa L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/7/2008*	Drish, Edgar J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/7/2008*	Duncan, Frosty G.	CNA Applicant	Certificate Denied	Criminal Conviction
3/7/2008*	Elliott, Cora L.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse

CNA DISCIPLINARY ACTION CONTINUED

JAN-FEB-MAR 2009

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
4/29/2008*	Engelhart, Corrine E.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Cooperate
3/6/2009	Entrekin, Laura	CNA716196103	Voluntary Surrender	Criminal Conviction; Exploiting a Patient for Financial Gain
5/8/2008*	Espinoza, Rosa I.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes; Misappropriation of Property
4/4/2008*	Ferrato, Gina M.	CNA1000005345	Suspension	Failure to Comply Board Order
2/21/2008*	Fleming, Wenrick J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unprofessional Conduct; Fraud
3/13/2009	Fontes, Jesus A.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Cooperate
9/11/2008*	Francis, Dana R.	CNA Applicant	Certificate Denied	Criminal Conviction
1/16/2008*	Franklin, Melodie	CNA Applicant	Certificate Denied	Criminal Conviction
1/5/2009	Freed, Courtney N.	CNA1000018466	Civil Penalty	Criminal Conviction; Misrepresentation of Credentials
3/16/2009	Gallegos, Delfino M.	CNA1000003348	Revoked	Criminal Conviction; Violation of Fed/State Statutes/Rules; Fraud
1/5/2009	Gay, Amy J.	CNA999999482	Revoked	Failure to Comply Board Order; Violation of Fed/State Statutes/Rules; Failure to Cooperate
1/5/2009	Gilbreth, Kimberlie A.	CNA999991481	Revoked	Practicing Beyond Scope; Failure to Comply Board Order; Failure to Maintain Records
3/13/2009	Giles, Nicole A.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes; Failure to Cooperate
1/11/2008*	Glastetter, Tina M.	CNA1000014800	Civil Penalty	Criminal Conviction
7/28/2008*	Good, Nicole A.	CNA1000011607	Voluntary Surrender	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
1/9/2009	Gullett, Pamela M.	CNA1000017633	Voluntary Surrender	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/13/2009	Guzmam, Miguel R.	CNA Applicant	Revoked	Criminal Conviction; Failure to Cooperate; Narcotics Violation or Other Violation of Drug Statutes
1/11/2008*	Hardie, Matthew R.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate; Violation of Fed/State Statutes/Rules
3/16/2009	Harper, David S.	CNA1000002577	Revoked	Unable to Practice Safely - Substance Abuse; Unprofessional Conduct
3/16/2009	Harris, Erin D.	CNA569135103	Revoked	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/11/2009	Haytasingsh, Steve A.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
1/27/2009	Heidelberg, Anthony D.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/16/2009	Helmer, Tena	CNA1000011426	Revoked	Dual Relationship/Boundaries; Violation of Fed/State Statutes/Rules; Unprofessional Conduct
1/22/2009	Herrera, Ashley M.	CNA1000018867	Civil Penalty	Narcotics Violation or Other Violation of Drug Statutes
2/4/2008*	Herrera, Sylvia	CNA761991103	Voluntary Surrender	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/16/2009	Hicks, Lajuana	CNA945999803	Revoked	Patient Neglect; Patient Abuse; Fraud
1/5/2009	Hinojos, Elida E.	CNA976263103	Revoked	Criminal Conviction; Violation of Fed/State Statutes/Rules; Failure to Cooperate
12/30/2008*	Holborow, Hollie J.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Unprofessional Conduct
1/5/2009	Hurtado, Donny	CNA999952657	Revoked	Criminal Conviction; Violation of Fed/State Statutes/Rules; Unprofessional Conduct
3/13/2009	Iler, Connie D.	CNA Applicant	Stayed Revocation w/Suspension	Failure to Maintain Records; Failure to Cooperate
1/5/2009	Jacobs, Laneka D.	CNA1000004876	Revoked	Criminal Conviction; Unprofessional Conduct; Violation of Fed/State Statutes/Rules
3/7/2008*	Joachim, Tricia J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/13/2009	Joe, Bryan D.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
4/15/2008*	Jones, Peter E.	CNA1000015606	Stayed Revocation	Violation of Fed/State Statutes/Rules; Narcotics Violation or Other of Drug Statutes
2/10/2009	Jones, Shashon K.	CNA1000018806	Civil Penalty	Criminal Conviction
1/5/2009	Joya, Stephanie R.	CNA1000000338	Revoked	Criminal Conviction; Failure to Cooperate; Unprofessional Conduct
5/15/2008*	Kelsey, Cynthia D.	CNA999996386	Revoked	Failure to Comply Board Order
1/14/2009	Keyonnie, Harriette	CNA999950072	Voluntary Surrender	Criminal Conviction; Failure to Cooperate
1/16/2008*	Kinney Cox, Nichole	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
1/5/2009	Kirby, Linda A.	CNA999953609	Revoked	Criminal Conviction; Failure to Cooperate; Violation of Fed/State Statutes/Rules
3/17/2008*	Kliko, Elvir C.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Unable to Practice Safely - Psych/Mental
3/16/2009	Kobiljak, Hasija .	CNA999996073	Revoked	Exploiting a Patient for Financial Gain; Disciplinary Action Taken by any Licensing Authority; Violation of Fed/State Statutes/Rules
6/11/2008*	Kreger, Jennifer A.	CNA1000011815	Revoked	Failure to Comply Board Order
3/13/2009	Laguna, Jordan B.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Cooperate
3/24/2009	Lajara, Angela	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
7/10/2008*	Lane, Alecia D.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
4/29/2008*	Lang, Krystal F.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Unable to Practice Safely - Substance Abuse; Failure to Cooperate

CNA DISCIPLINARY ACTION CONTINUED

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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
1/18/2008*	Lauterio, Marcos A.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/16/2009	Layfield, Jesse D.	CNA100003206	Revoked	Criminal Conviction; Failure to Cooperate; Patient Abandonment
2/1/2008*	Lee, Edward W.	CNA1000010679	Revoked	Failure to Comply Board Order
3/13/2009	Lespron, Evangelina	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Cooperate
2/19/2009	Lesueur, Rachael A.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
1/18/2008*	Lisewski, Tracy J.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate; Violation of Fed/State Statutes/Rules
2/17/2009	Lockhart, Randyll K.	CNA1000018868	Civil Penalty	Violation of Fed/State Statutes/Rules
4/29/2008*	Lopez, Leia D.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction
3/11/2009	Lovett, Susan M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate; False Reports/Falsifying Records
3/16/2009	Loya, Loni M.	CNA1000009360	Revoked	Misappropriation of Property; Fraud
3/24/2009	Luna, Daniel	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate; Unable to Practice Safely - Substance Abuse
3/13/2009	Maas, Adrienna A.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction
9/18/2008*	Macias, Audrey C.	CNA Applicant	Certificate Denied	Unable to Practice Safely - Substance Abuse; Criminal Conviction; Failure to Cooperate
2/8/2008*	Magallanez, Joshua D.	CNA999990889	Voluntary Surrender	Narcotics Violation or Other Violation of Drug Statutes
1/27/2009	Mann, Tracy M.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
9/30/2008*	Manuel, Stella M.	CNA1000017422	Civil Penalty	Violation of Fed/State Statutes/Rules; Criminal Conviction
1/18/2008*	Marin, Luis A.	CNA Applicant	Certificate Denied	Failure to Cooperate; Substandard or Inadequate Care
6/9/2008*	Marin, Sandra M.	CNA1000016199	Civil Penalty	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
11/24/2008*	Martinez, Cecelia S.	CNA Applicant	Certificate Denied	Criminal Conviction; Misappropriation of Property; Failure to Cooperate
1/5/2009	Mcbeth, Latonia A.	CNA1000002630	Revoked	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Meet Licensing Board Reporting Requirements
5/22/2008*	Mcfadden, Stephanie R.	CNA1000015985	Civil Penalty	Violation of Fed/State Statutes/Rules; Criminal Conviction
1/8/2009	Mckinney, Flesha D.	CNA Applicant	Certificate Denied	Failure to Meet the Initial Requirements of Certification; Criminal Conviction; Insurance Fraud (Medicare, Medicaid or Other Insur)
4/29/2008*	Mclendon, Martin R.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Unable to Practice Safely - Substance Abuse
1/5/2009	Mcneil, Meghan K.	CNA1000005064	Revoked	Failure to Comply Board Order; Unable to Practice Safely - Substance Abuse; Diversion of Controlled Substance
4/23/2008*	Melnikoff, Patricia	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Unable to Practice Safely - Substance Abuse
1/9/2009	Meyer, Lydia E.	CNA323875973	Revoked	Failure to Comply Board Order
3/16/2009	Michaels, Kelly A.	CNA1000003114	Revoked	Practicing Without Valid Certification; Patient Abuse; Unprofessional Conduct
6/13/2008*	Minick, Kathlyn M.	CNA Applicant	Certificate Denied	Unable to Practice Safely - Substance Abuse; Criminal Conviction; Violation of Fed/State Statutes/Rules
2/4/2008*	Mitchell, Jeanette L.	CNA1000015164	Civil Penalty	Criminal Conviction; Violation of Fed/State Statutes/Rules; Unprofessional Conduct
3/17/2008*	Montague, Denisha M.	CNA Applicant	Certificate Denied	Criminal Conviction; Violation of Fed/State Statutes/Rules
3/16/2009	Moreno, Ana M.	CNA999992645	Revoked	Fraud/Deceit; Substandard or Inadequate Care; Failure to Cooperate
5/31/2008*	Moreno, Caesar J.	CNA1000016255	Civil Penalty	Criminal Conviction; Violation of Fed/State Statutes/Rules
1/14/2009	Moreno, Nancy B.	CNA Applicant	Certificate Denied	Criminal Conviction
1/14/2008*	Mungal, Chanroutee	CNA058201524	Revoked	Failure to Comply Board Order
2/22/2008*	Munguia, Albert M.	CNA Applicant	Certificate Denied	Criminal Conviction; Unprofessional Conduct; Violation of Fed/State Statutes/Rules
2/14/2008*	Neal, Tyrone A.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
1/18/2008*	Neely, Debra A.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Failure to Cooperate; Criminal Conviction
6/24/2008*	Neria, Debra L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
5/30/2008*	Nez, Megan S.	CNA1000002042	Revoked	Failure to Comply Board Order
2/28/2008*	Norris, Maryanna	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Unprofessional Conduct
3/10/2009	Odadi, Mary A.	CNA Applicant	Voluntary Surrender	Unable to Practice Safely; Patient Neglect
4/24/2008*	Olague, Rudy C.	CNA999997473	Suspension	Unable to Practice Safely
4/14/2008*	O'neil, James J.	CNA1000013272	Civil Penalty	Violation of Fed/State Statutes/Rules; Criminal Conviction
3/16/2009	Padron, Camille M.	CNA387769083	Revoked	Unable to Practice Safely - Substance Abuse
1/5/2009	Paredes, Diana I.	CNA1000010817	Revoked	Patient Abuse; Unprofessional Conduct; Violation of Fed/State Statutes/Rules
6/25/2008*	Passey, Tara D.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/16/2009	Payne, Tamarra	CNA052987313	Revoked	Unable to Practice Safely - Substance Abuse; Patient Abuse; Failure to Comply Board Order
1/5/2009	Price, Anna K.	CNA1000010261	Revoked	Unable to Practice Safely - Substance Abuse; Unprofessional Conduct
3/7/2008*	Quinones, Jimmy	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules

CNA DISCIPLINARY ACTION CONTINUED

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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
3/13/2009	Ramirez, Denise N.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
11/7/2008*	Rankin, Jessica M.	CNA999999452	Civil Penalty	Criminal Conviction
3/25/2008*	Ray, Terry H.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/17/2008*	Reeves, Rosetta D.	CNA393830103	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
1/5/2009	Reimers, Francine E.	CNA1000004796	Civil Penalty	Fraud/Deceit
12/31/2008*	Rendon, Ruben	CNA055752641	Stayed Revocation	Patient Abuse
9/15/2008*	Renteria, Pamela A.	CNA1000018011	Stayed Revocation	Criminal Conviction; Substance Abuse
2/11/2009	Rice, Dora E.	CNA1000000754	Civil Penalty	False Reports/Falsifying Records
2/24/2009	Riddle, Shannon J.	CNA1000001103	Civil Penalty	Breach of Confidentiality; Dual Relationship/Boundaries
1/30/2009	Rodriguez, Gladys E.	CNA908413924	Revoked	Unprofessional Conduct; Practicing Beyond Scope; Patient Abuse
2/28/2008*	Ross, Carmen E.	CNA Applicant	Certificate Denied	Unprofessional Conduct; False Reports/Falsifying Records; Failure to Meet Licensing Board Reporting Requirements
1/5/2009	Rowland, Cheryl L.	CNA999997399	Revoked	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Unprofessional Conduct
3/25/2009	Rowley, Judith B.	CNA999995034	Civil Penalty	Fraud; Failure to Cooperate
3/19/2008*	Rusatsi, Eric B.	CNA1000012471	Civil Penalty	Failure to Provide Services; Patient Abandonment
1/5/2009	Saari, Catherine A.	CNA378023033	Revoked	Criminal Conviction; Failure to Meet Licensing Board Reporting Requirements; Violation of Fed/State Statutes/Rules
4/23/2008*	Salinas, Cynthia T.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Provide Services
3/7/2008*	Salstrom, Phillip J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
4/23/2008*	Samorano, Carolina M.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
6/25/2008*	Sauceda, Cinthia Y.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate; Fraud/Deceit
2/20/2009	Schroeder, Jody D.	CNA1000018927	Civil Penalty	Criminal Conviction; Failure to Cooperate
3/27/2009	Scott, Alison P.	CNA278106641	Revoked	Criminal Conviction; Violation of Fed/State Statutes/Rules; Fraud
7/10/2008*	Scott, Marquita M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/13/2009	Seballos, Anissa M.	CNA Applicant	Certificate Denied	Exploiting a Patient for Financial Gain; Unable to Practice Safely - Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
5/22/2008*	Sendejas, Peter J.	CNA999953201	Civil Penalty	Criminal Conviction
1/5/2009	Sharp, Suzanne L.	CNA999996419	Revoked	Unable to Practice Safely - Substance Abuse; Violation of Fed/State Statutes/Rules; Fraud

CNA DISCIPLINARY ACTION CONTINUED

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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
1/5/2009	Shiple, Naomi L.	CNA999989583	Revoked	Unprofessional Conduct; Violation of Fed/State Statutes/Rules; Failure to Meet Licensing Board Reporting Requirements
4/29/2008*	Sierra, Monserrat I.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Failure to Cooperate
1/5/2009	Skavang, Tyler R.	CNA100006071	Revoked	Failure to Comply Board Order; Unable to Practice Safely - Substance Abuse; Violation of Fed/State Statutes/Rules
4/29/2008*	Stauder, Brent E.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
1/5/2009	Steadman, Lisa M.	CNA999991659	Revoked	Unprofessional Conduct; Failure to Comply Board Order; Patient Neglect
1/13/2009	Stephens, Geoffrey T.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/17/2008*	Stephens, Monique L.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
7/10/2008*	Stevenson, Angie E.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Failure to Cooperate
1/5/2009	Stewart, Adrienne A.	CNA362271279	Revoked	Failure to Comply Board Order; Unprofessional Conduct; Failure to Cooperate
3/24/2009	Sullivan, Jessica D.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
6/25/2008*	Swanberg, Patricia M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
6/27/2008*	Swetel, Kristen M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
1/5/2009	Tabor, Ricky V.	CNA999952539	Stayed Revocation	Substance Abuse
3/16/2009	Tadesse, Henok	CNA999996154	Stayed Revocation w/Suspension	Criminal Conviction; Failure to Comply Board Order; Violation of Fed/State Statutes/Rules
3/17/2008*	Tatum, Alexis J.	CNA790404803	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
4/29/2008*	Thomas, Douglas K.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/13/2009	Thomas, Lisa A.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Criminal Conviction; Failure to Cooperate
3/25/2009	Thompson, Angie	CNA666575803	Voluntary Surrender	Criminal Conviction; Failure to Cooperate
12/31/2008*	Thompson, Keith	CNA925401024	Stayed Revocation	Violation of Fed/State Statutes/Rules; Criminal Conviction
6/3/2008*	Triplett, Nicole A.	CNA999998760	Civil Penalty	Criminal Conviction; Misappropriation of Property; Fraud
3/11/2009	Tsinnie, Renee	CNA Applicant	Certificate Denied	Failure to Cooperate
1/5/2009	Turner, Margaret E.	CNA637071329	Revoked	Sexual Misconduct; Unprofessional Conduct; Unable to Practice Safely - Psych/Mental
1/5/2009	Tytler, Elizabeth A.	CNA1000013160	Revoked	Unable to Practice Safely - Substance Abuse; Violation of Fed/State Statutes/Rules; Unprofessional Conduct

CNA DISCIPLINARY ACTION CONTINUED

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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
4/29/2008*	Valencia, Nicolas R.	CNA Applicant	Certificate Denied	Violation of Fed/State Statutes/Rules; Failure to Cooperate
3/27/2009	Van Vleet, Kristina K.	CNA1000016309	Revoked	Unable to Practice Safely - Substance Abuse; Failure to Comply Board Order; Criminal Conviction
1/5/2009	Vanatti, Melody A.	CNA1000004381	Revoked	Unable to Practice Safely - Substance Abuse; Substandard or Inadequate Care; Patient Neglect
2/19/2009	Vandenberg, Beth K.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
1/5/2009	Vaughn, John	CNA999988477	Revoked	Unable to Practice Safely - Substance Abuse; Violation of Fed/State Statutes/Rules; Unprofessional Conduct
3/12/2009	Viers, Terri L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
3/11/2009	Waddell, Andrea L.	CNA753238803	Stayed Revocation w/Civil Penalty	Patient Abuse
7/10/2008*	Waelti, Jenifer B.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
2/27/2009	Wakefield, Shane	CNA999995215	Revoked	Failure to Comply Board Order
3/10/2008*	Waller, Lisa D.	CNA1000011792	Suspension	Failure to Comply Board Order
3/10/2008*	Williams, Carla M.	CNA1000009713	Revoked	Failure to Comply Board Order
3/17/2009	Wilson, Cynthia J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unprofessional Conduct; Failure to Cooperate
1/5/2009	Yazzie, Violet F.	CNA999992005	Revoked	Patient Abuse; Failure to Cooperate; Unprofessional Conduct
3/7/2008*	Yoon, Barbara J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
2/10/2009	Youkhana, Nahrain E.	CNA1000018807	Civil Penalty	Criminal Conviction; Misappropriation of Property
9/25/2008*	Zapata, Rocky J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
6/16/2008*	Zarate, Georgieanna P.	CNA999950436	Revoked	Failure to Comply Board Order
12/6/2008*	Zaye, Mona L.	CNA1000018516	Civil Penalty	Violation of Fed/State Statutes/Rules; Criminal Conviction
1/18/2008*	Zuck, Yvonne M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate

CNA Discipline - ACTION CLEARED JAN - FEB - MAR 2009

EFFECTIVE DATE	NAME	LICENSE
3/1/2009	Brooks, Robert C.	CNA1000003119
2/2/2009	Etheridge, Leeandra	CNA1000011468
1/6/2009	Fosu, Daniel K.	CNA1000003180
1/28/2009	Johnson, Freda L.	CNA913293803
1/29/2009	Roberts, Deborah A.	CNA1000009580

RN/LPN DISCIPLINARY ACTION

*Not reported in previous Journal

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EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
03/17/2009	Albillar, Brett M.	LP045387	Probation w/Civil Penalty	Criminal Conviction, Fraud/Deceit or Material Omission in Obtaining License or Credentials, Failure to Cooperate with Board
1/16/2009	Aliser, Aaron D.	LP038202/CNA999989678	Voluntary Surrender	Violation of Fed/State Statutes, Regulations or Rules, Criminal Conviction
2/13/2009	Alm, Goolpranee	RN102663	Civil Penalty	Violation of Fed/State Statutes, Regulations or Rules, Criminal Conviction
1/20/2009	Antonio, Ireen Y.	RN132768	Decree of Censure	Breach of Confidentiality
3/13/2009	Attson, Francelia K.	LP026937	Revocation	Failure to Comply w/Licensing Board Order, Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
03/31/2009	Baloga, Janet B.	RN065122	Decree of Censure	False Reports or Falsifying Records, Substandard or Inadequate Care
3/19/2009	Becker, Sherry L.	RN084036	Stayed Revocation w/Probation	Substance Abuse
1/2/2009	Beebe, Karen L.	RN044637	Revocation	Unprofessional Conduct, Unable to Practice Safely by Reason of Alcohol or Substance Abuse
1/2/2009	Beltran, Cesar E.	RN138630	Revocation	Disciplinary Action Taken by any Licensing Authority, Unable to Practice Safely by Reason of Alcohol or Substance Abuse, Diversion of Controlled Substance
2/7/2009	Bonnet, Carole J.	RN132516	Decree of Censure	Filing False Reports or Falsifying Records
2/10/2009	Bowen, James T.	RN120310/LP026562	Revocation	Failure to Comply w/Licensing Board Order
1/2/2009	Buckenroth, Shawn M.	RN106949/LP030647	Revocation	Failure to Comply w/Licensing Board Order, Criminal Conviction, Failure to Cooperate with Board
3/25/2009	Burns, Abigale D.	RN090598	Stayed Revocation w/Suspension	Failure to Comply w/Licensing Board Order, Unprofessional Conduct, Substance Abuse
2/14/2009	Burson, Sarah K.	RN115826/LP035556	Decree of Censure w/Civil Penalty	Practicing Beyond the Scope of Practice, Fraud/Deceit or Material Omission in Obtaining License or Credentials
1/29/2009	Butler, Judith M.	TLP045265	Civil Penalty	Practicing Without Valid License
3/13/2009	Carnley, Madalyn D.	RN133278	Revocation	Disciplinary Action Taken by any Licensing Authority, Criminal Conviction, Fraud

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EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
3/26/2009	Christy, Sterling	RN156457/LP044787	Civil Penalty	Practicing Beyond the Scope of Practice
2/18/2009	Clouse, Sheryl A.	RN106805	Probation	Failure to Comply w/Licensing Board Order, Unsafe Practice
3/31/2009	Cody, Teshina T.	RN157289	Civil Penalty	Violation of Fed/State Statutes, Regulation or Rules
1/28/2009	Collins, Jessemma L.	RN111013	Stayed Revocation w/Probation	Criminal Conviction, Unprofessional Conduct, Substance Abuse
2/12/2009	Connors, Peter W.	RN153322	Decree of Censure w/Civil Penalty	Practicing Without Valid License, Failure to Maintain Records or Provide Medical, Financial or Other Required Information
1/2/2009	Corbell, Denise K.	RN122135	Revocation	Failure to Comply w/Licensing Board Order, Unable to Practice by Reason of Alcohol or Substance Abuse, Diversion of Controlled Substance
3/25/2009	D'Alessandro, Sandra L.	RN140331	Stayed Revocation w/Suspension	Failure to Comply w/Licensing Board Order
3/13/2009	Dickens, Evon P.	Compact - LP, NC	Revocation-Privilege to Practice	Patient Abuse, Substandard or Inadequate Care, Improper Delegation/Supervision
1/2/2009	Doherty, Leia A.	RN136153	Revocation	Unprofessional Conduct, Unable to Practice Safely, Substandard or Inadequate Care
2/25/2009	Douglas, Carmen E.	RN15267/LP000032967	Civil Penalty	Criminal Conviction
3/6/2009	Drake, Anthony M.	RN054012	Decree of Censure	Practicing Beyond the Scope of Practice
3/19/2009	Essary, Susan M.	Compact, RN - TX	Revocation-Privilege to Practice	Violation of Fed /State Statutes Regulation or Rules, Failure to Cooperate with Board, Narcotics Violation or Other Violation of Drug Statutes
2/20/2009	Evans, Karen L.	RN074803/SN0589	Stayed Revocation w/Probation	Substance Abuse
1/22/2009	Garland, Pamela L.	RN091820	Revocation	Failure to Comply w/Licensing Board Order
3/25/2009	Gash, Erica M.	RN127937/LP038803/ CNA410751641	Probation	Violation of Fed/State Statutes, Regulation or Rules, Criminal Conviction, Misappropriation of Patient Property or Other Property
03/05/2009	Gotell, Suzanne E.	RN133425	Decree of Censure	Practicing Beyond the Scope of Practice
3/25/2009	Graham, Kimberly	RN092527	Stayed Revocation w/Suspension	Substance Abuse, Substandard or Inadequate Care, Narcotics Violation or Other Violation of Drug Statutes
3/13/2009	Hardimon, Larry	LP009304	Revocation	Fraud, Unable to Practice by Reason of Alcohol or Substance Abuse
3/25/2009	Harp, Janelle F.	RN111506	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
2/19/2009	Hickey, Courtney J.	LP Endorsement	License Denied	Violation of Fed/State Statutes, Regulations or Rules
2/19/2009	Hill, Lauren J.	RN128902/CNA99997468	Probation	Violation of Fed/State Statutes, Regulations or Rules, Substance Abuse
2/20/2009	Hua, Chyi Jen	TRN114042/LP033131	Suspension/Indefinite	Substandard or Inadequate Care, Substandard or Inadequate Skill Level, Failure to Maintain Records
3/6/2009	Hughes, Cynthia A.	RN131618	Stayed Revocation w/Suspension	Substance Abuse, Diversion of Controlled Substance
1/28/2009	Hughes, Kimberly M.	RN155774	Civil Penalty	Practicing Without Valid License
3/13/2009	Iler, Connie D.	RN134996	Stayed Revocation w/Suspension	Failure to Maintain Records or Provide Medical, Financial or Other Required Information, Failure to Cooperate with Board ; Unable to Practice Safely
2/10/2009	Irick, Shari L.	RN120951	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Substance Abuse
3/17/2009	Iwunze, Eunice C.	LP032436	Revocation	Failure to Comply w/Licensing Board Order
1/2/2009	Jasinski, Leonard F.	RN083373/LP027106	Revocation	Unable to Practice Safely by Reason of Alcohol or Substance Abuse, Diversion of Controlled Substance
3/19/2009	Jezevski, Antoinette L.	RN122766	Probation	Substance Abuse
1/14/2009	Johnson, Cheron K.	RN128587	Voluntary Surrender	Unprofessional Conduct, Unable to Practice Safely, Incompetence, Filing False Reports or Falsifying Records ; Substance Abuse
2/8/2009	Johnson, Sandra K.	RN094682	Decree of Censure	Negligence
3/9/2009	Jones, Evan E.	RN140947	Probation	Violation of Fed/State Statutes, Regulations or Rules, Criminal Conviction
3/8/2009	Jones, Ivan Q.	LP036297	Civil Penalty	Failure to Meet Licensing Board Reporting Requirement, Criminal Conviction, Substandard or Inadequate Care
3/9/2009	Jordan, Cheryl A.	RN137727	Probation	Failure to Maintain Records or Provide Medical, Financial or Other Required Information, Error in Prescribing, Dispensing or Administering Medication
1/28/2009	Joseph, Rochelle S.	RN155711	Civil Penalty	Practicing Without Valid License
2/23/2009	Kabata, Anne W.	LP041826	Decree of Censure	Filing False Reports or Falsifying Records
3/25/2009	Kakavand, Ann Marie	RN127630	Voluntary Surrender	Disciplinary Action Taken by any Licensing Authority, Fraud, Unable to Practice Safely by Reason of Alcohol or Substance Abuse
1/21/2009	Kame, April L.	LP042555	Stayed Revocation w/Suspension	Criminal Conviction, Substance Abuse, Failure to Cooperate with Board
3/20/2009	Kelly, Sylvia Ann	RN030564	Probation	Fraud, Substance Abuse
1/29/2009	Kirkpatrick, Katherine M.	RN055871	Probation	Substance Abuse
1/29/2009	Kulp, Karen L.	RN135128	Suspension	Substance Abuse ; Unable to Practice Safely
2/25/2009	Lee, Jeong Hee	RN109542	Voluntary Surrender	Failure to Comply w/Licensing Board Order
1/2/2009	Leveque, Lana M.	LP041949	Revocation	Disciplinary Action Taken by any Licensing Authority, Failure to Meet Licensing Board Reporting Requirements, Unprofessional Conduct
3/5/2009	Lewter, Kristen N.	RN152148	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Substance Abuse
1/2/2009	Lindsey, Tracy L.	RN147296	Revocation	Unprofessional Conduct, Unable to Practice Safely by Reason of Alcohol or Substance Abuse, Diversion of Controlled Substance
1/27/2009	Loewen, Jillian D.	RN Endorsement	License Denied	Criminal Conviction, Failure to Cooperate with Board
1/2/2009	Lohmann, Mercedes J.	LP027395	Decree of Censure	Improper Delegation/Supervision
3/13/2009	Lynch, Heather V.	RN138478	Revocation	Failure to Comply w/Licensing Board Order
3/13/2009	Lynch, Kari A.	RN125812	Revocation	Diversion of Controlled Substance, Failure to Cooperate with Board

JAN-FEB-MAR 2009

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
1/30/2009	Mangum, Raheem W.	RN124389	Suspension	Unprofessional Conduct, Error in Prescribing, Dispensing or Administering Medication
2/25/2009	Manuel, Karen M.	RN026418	Stayed Revocation w/Suspension	Substance Abuse
3/26/2020	Martelli, Joanne M.	RN111161/TAP3300	Civil Penalty	Misrepresentation of Credentials
2/20/2009	Mastov, Elana L.	LP041718	Decree of Censure w/Civil Penalty	Unprofessional Conduct
2/4/2009	Matthews, Frank P.	LP023504	Decree of Censure	Practicing Beyond the Scope of Practice
1/5/2009	Miller, Paula J.	RN115582	Decree of Censure	Practicing Beyond the Scope of Practice
1/2/2009	Milton II, Eric F.	LP041535	Revocation	Failure to Comply w/ Licensing Board Order, Violation of Fed/State Statutes, Regulations or Rules, Unprofessional Conduct
3/17/2009	Moran, Roberta J.	LP041041	Decree of Censure	Substandard or Inadequate Skill Level
1/9/2009	Morgan, Therese	Compact - RN, MD	Revocation-Privilege to Practice	Substandard or Inadequate Care
3/11/2009	Nikodym, Mary K.	RN110942	Probation	Criminal Conviction
1/9/2009	Noyes, Terri M.	RN118730	Revocation	Failure to Comply w/Licensing Board Order
3/17/2009	Oliver, Natasha L.	RN097137/AP1526	Revocation	Failure to Comply w/Licensing Board Order
3/7/2009	Olson, Sherri L.	LP044058	Decree of Censure	Practicing Beyond the Scope of Practice, Patient Abandonment
1/2/2009	Ossler, Susan K.	RN143765	Revocation	Violation of Fed/State Statutes, Regulations or Rules, Criminal Conviction, Unable to Practice Safely by Reason of Alcohol or Substance Abuse
2/15/2009	Owen, Cheryl A.	LP026763	Decree of Censure	Patient Abuse, Substandard or Inadequate Care
2/12/2009	Paccioni, Taryn W.	RN083610	Revocation	Failure to Comply w/Licensing Board Order
1/1/2009	Palko, Amanda J.	RN140617	Stayed Revocation w/Suspension	Substance Abuse, Diversion of Controlled Substance
2/19/2009	Palmer, Kristen	RN098405	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Substance Abuse
2/26/2009	Peterson, James A.	RN058234	Stayed Revocation w/Suspension	Substance Abuse, Diversion of Controlled Substance
3/11/2009	Plant, Kimberley M.	RN119481	Decree of Censure	Criminal Conviction
3/30/2009	Preble, Michael C.	RN108165/LP028334	Revocation	Failure to Comply w/Licensing Board Order
3/4/2009	Preshiren, Maria M.	RN129133	Decree of Censure	Failure to Comply with Health & Safety Requirements
3/13/2009	Quiring, Dietrich	LP041448	Revocation	Criminal Conviction, Unprofessional Conduct, Failure to Cooperate with Board
2/18/2009	Salinas, Jacqueline A.	RN069295/LP012541	Voluntary Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment, Substandard or Inadequate Care
3/9/2009	Simich, Tomislav	RN118323	Stayed Revocation Suspension	Disciplinary Action Taken by any Licensing Authority, Criminal Conviction w/Civil Penalty
3/6/2009	Smitherman, Valerie K.	RN069822	Decree of Censure	Practicing Beyond the Scope of Practice, Failure to Cooperate with Board
2/5/2009	Stauff, John T.	LP036419	Decree of Censure w/Civil Penalty	Practicing Beyond the Scope of Practice
1/2/2009	Sturdevant IV, Clinton	RN126789	Revocation	Failure to Comply w/Licensing Board Order, Fraud/Deceit or Material Omission in Obtaining License or Credentials, Unable to Practice Safely by Reason of Alcohol or Substance Abuse
3/19/2009	Sugrue, Alicia	RN125850	Probation	Substance Abuse
3/21/2009	Summers, Cynthia J.	RN120525	Probation	Substandard or Inadequate Care
2/18/2009	Sutton, Polly E.	RN147775	Voluntary Surrender	Unable to Practice by Reason of Alcohol or Substance Abuse, Diversion of Controlled Substance
2/25/2009	Varela, Anna	RN093873	Voluntary Surrender	Disciplinary Action Taken by any Licensing Authority
2/4/2009	Villavicencio, Paul	RN108727	Reissuance w/Suspension	Failure to Comply w/Licensing Board Order, Unprofessional Conduct
3/13/2009	Wagoner, Cathleen C.	RN122164	Revocation	Failure to Comply w/Licensing Board Order, Patient Abuse, Diversion of Controlled Substance
2/26/2009	White, Traci L.	LP035697	Probation	Criminal Conviction, Substance Abuse
3/25/2009	Wohead, Kimberly S.	RN107542	Stayed Suspension w/Probation	Substance Abuse
3/17/2009	Worthington, Vickie A.	RN122489	Voluntary Surrender	Disciplinary Action Taken by any Licensing Authority, Diversion of Controlled Substance

RN-LPN Discipline - ACTION CLEARED

JAN - FEB - MAR 2009

EFFECTIVE DATE	NAME	LICENSE	EFFECTIVE DATE	NAME	LICENSE
1/20/2009	Acosta, Belinda J.	RN035539/AP0863	2/26/2009	Kaufman, Thomas J.	RN081617/LP025135
3/17/2009	Caldwell, Deena L.	RN099838/LP030577	2/24/2009	Korosec, Michael D.	LP006381
3/25/2009	Clinton, Claire	RN122081	1/17/2009	Lubinski, Sandra M.	RN116696
1/29/2009	Dorrell, Veronica D.	RN095499	1/28/2009	Niesen, Margaret A.	RN086330
2/15/2009	Dunsworth, Michele M.	RN148071	1/28/2009	Smith, Carolyn E.	RN100101
2/10/2009	Friedman, Lisa A.	RN095695			
2/27/2009	Gehl, Amy L.	RN151444/LP043428			
3/5/2009	Gibbons, Deborah P.	RN062340/LP018215			
1/2/2009	Helm, Marilyn J.	RN084153			
1/28/2009	Hopper, Mary J.	RN091230			

UPDATED LICENCURE STATUS RN-LPN SUBJECT TO A BOARD ORDER/CONSENT AGREEMENT

JAN - FEB - MAR 2009

EFFECTIVE DATE	NAME	LICENSE		
1/7/2009	Cady, Troy K.	RN122058	Stayed Revocation w/Probation;	Completed terms of the Stayed Revocation; Suspension, converted license to Stayed; Revocation Probation

RN/LPN License Renewal Less Than One Month to Complete!

BY JUDY BONTRAGER, RN, MN, ASSOCIATE DIRECTOR/OPERATIONS

Approximately 11,831 licensed nurses still have a license that is due for renewal by June 30, 2009. Please take a moment to check if your license will be expiring this year.

If you are due for renewal, you are encouraged to submit your online renewal NOW. Please be aware that there is a statutory requirement for every applicant to submit documentation of citizenship or lawful presence in the United States, when renewing.

Since January 1, 2009, we have received 30 percent percent of the anticipated renewals for 6/30/09. Prior to the implementation of the requirement for citizenship/lawful presence documentation, the average number of days from the time we received an online renewal until the license was mailed was 3 days. Since the implementation of the new requirement for citizenship or lawful presence, current cycle time from when someone renews online until the license is mailed is 10 days, due to the need to merge citizenship/lawful presence documents with your online renewal. This time frame may increase if nurses wait until June to renew. Please submit your online renewal application NOW to ensure that you receive your renewed license before June 30, 2009.

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didactic, laboratory, and clinical identical for all sites?

- Are the sites comparable in terms of classroom, lab facilities and supplies?
- Will the student records for this site be stored in a central location with all other records?

WHEN SHOULD A PROGRAM APPLY FOR APPROVAL OF A NEW CONSOLIDATED SITE?

Application and Board approval for the new consolidated site must be completed prior to the initiation of the new classroom site. Any students who start at a new classroom site prior to Board approval will not be allowed to test for the State CNA certification.

For candidates or programs that have further questions please contact Lila Van Cuyk at 602/889-5176 or lvancuyk@azbn.gov.