

**ANNUAL REPORT**

**FY2005**

**JULY 1, 2004 - JUNE 30, 2005**

The Oklahoma Board of Nursing is pleased to present the Annual Report for fiscal year 2005. The Board appreciates the opportunity to serve the people of Oklahoma and is indebted to many persons and groups for assistance and support during this period.

# **OKLAHOMA BOARD OF NURSING**

## **Mission Statement**

The mission of the Oklahoma Board of Nursing is to safeguard the public's health, safety, and welfare through the regulation of nursing practice and nursing education.

## **Vision**

The Oklahoma Board of Nursing gains recognition by all as a model of integrity through legally sound, fiscally responsible, and quality driven decision making and leadership in the regulation of nursing education and practice. Members of the Board and staff are knowledgeable, efficient, and dedicated to the provision of quality services through teamwork, collaboration and creativity.

## **Values**

1. **Our People:**  
We value the professionalism, dedication and contribution of Board staff, Board members and the professionals who serve on Board committees.
2. **Quality Regulation:**  
We implement regulatory functions in a consistent, effective, and efficient manner.
3. **Quality Education:**  
We promote preparation for initial licensure and practice through the development of standards for nursing education.
4. **Quality Practice:**  
We hold nurses accountable to their scope of practice.
5. **Contributions to Public Health Policy Issues:**  
We collaborate with stakeholders in the development of policies impacting the health, safety and welfare of the public.
6. **Customer Service:**  
Quality customer service is provided to all in a fair and professional manner.
7. **Our Public Image:**  
We value how we are perceived by the public.

## General Functions

1. Prescribe standards for educational programs preparing persons for licensure as a registered nurse, licensed practical nurse, or certification as an advanced unlicensed assistant.
  - A. Provide for surveys of nursing education programs according to the rules.
  - B. Approve nursing education programs and advanced unlicensed assistant training programs which meet the prescribed standards.
  - C. Deny or withdraw approval of educational programs for failure to meet or maintain prescribed standards.
2. Administer the National Council Licensure Examination (NCLEX) for Registered and Practical Nurses in accordance with the National Council of State Boards of Nursing, Inc. contract.
3. Administer the advanced unlicensed assistant certification examination in accordance with the contractual agreement with the test service.
4. Provide initial licensure and renewal of licensure of duly qualified applicants, including:
  - A. Licensure by endorsement for nurses licensed in other states or educated in foreign countries.
  - B. Reinstatement of lapsed license and return to active status applications.
5. Issue/renew certificate of recognition to Advanced Practice Nurses meeting established requirements.
6. Issue/renew prescriptive authority recognition to Advanced Practice Nurses meeting established requirements.
7. Maintain a Peer Assistance Program for nurses whose competency may be compromised by drug abuse or dependency.
8. Investigate complaints of alleged violations of the *Nursing Practice Act*.
9. Conduct hearings and invoke disciplinary action against a licensee and/or certificate holder.
10. Promulgate rules to implement the *Nursing Practice Act*.
11. Maintain records of all licensed nurses and advanced unlicensed assistants.

## Board Members

The Board is composed of eleven members appointed by the Governor: six Registered Nurses, three Licensed Practical Nurses and two public members. All members serve for a period of five years, with the public members serving coterminously with the Governor.

	<u>Term Expires</u>
Cynthia Foust, Ph.D., R.N., President	2006
Jackye Ward, M.S., R.N., Vice-President	2008
Heather Sharp, L.P.N., Secretary-Treasurer	2006
Deborah Booton-Hiser, Ph.D., R.N., ARNP	2006
Teresa Frazier, M.S., R.N.	2007
Sue Mitchell, R.N.	2005
Louise Talley, Ph.D., R.N.	2009
Linda Coyer, L.P.N.	2007
Janice O'Fields, L.P.N.	2008
Lee Kirk, Public Member	Coterminously w/Governor
Roy Watson, Ph.D., Public Member	Coterminously w/Governor

## Legal Counsel

The Oklahoma Board of Nursing has retained Debbie McKinney, Attorney at Law, as the Board's primary counsel.

## Staff Personnel

The Board employs an Executive Director and defines the duties of the Executive Director. The Executive Director is responsible for the administration of the agency in accordance with the Oklahoma Statutes and the directives of the Board. The agency is authorized for 25 full-time employees.

## Records and Reports

The Board maintains records and keeps a list of all licensed nurses. The records of the Board are open to public inspection according to the provisions of the *Open Records Act*.

The State Auditor and Inspector conducts audits of the Board's financial records. A copy of the audit report is provided to the Board and filed with the Publications Clearinghouse of the Oklahoma Department of Libraries.

The Board prepares an annual report of its activities and distributes it to various individuals and groups. A newsletter is distributed two times a year to all licensed nurses, as well as other interested individuals and groups.

### **Office Staff (as of 6/30/2005)**

Kim Glazier, R.N., M.Ed.	Executive Director
Gayle McNish, R.N., Ed.D	Deputy Director, Regulatory Services Division
Deborah Bruce, J.D.	Deputy Director, Investigation Division
Laura Clarkson, R.N.	Program Coordinator, Peer Assistance Program
Louise Drake, R.N., M.H.R.	Associate Director for Nursing Practice
Carla Petty, R.N., M.P.H.	Licensing Manager
Lajuana Crossland, R.N.	Nurse Investigator III
Jan Sinclair, R.N.	Nurse Investigator II
Deb Ball, M.S., R.N.	Nurse Investigator I
Terri Chapman, R.N.	Case Manager, Peer Assistance Program
Darlene McCulloch, C.P.M.	Business Manager II
Shelley Rasco	Legal Secretary II, Investigation Division
Teena Jackson	Legal Secretary I, Investigation Division
Andrea Story	Legal Secretary I, Investigation Division
Dana Edminsten	Legal Secretary I, Peer Assistance Program
Sandra Ellis	Executive Secretary IV
Rita Withrow	Examination Administrative Technician III
Richard Clark	Renewal Administrative Technician II
Stephanie Langs	Endorsement Administrative Technician I
Sheryl Adams	Accounting Technician III
Joan Misenheimer	Secretary I, Regulatory Services Division
Peggy Parker	Administrative Technician II
Dana Hall	Administrative Technician I

### **NURSING SERVICE**

Nursing service administrators and nurse managers in health care facilities throughout Oklahoma continue to assist the Board in enforcement of the Oklahoma Nursing Practice Act. The Board recognizes that individual effort is required of all employers to ensure nursing personnel hold current licensure to practice nursing in Oklahoma. Additionally, many licensees have assisted Board staff in identifying and reporting evidence necessary for hearings before the Board.

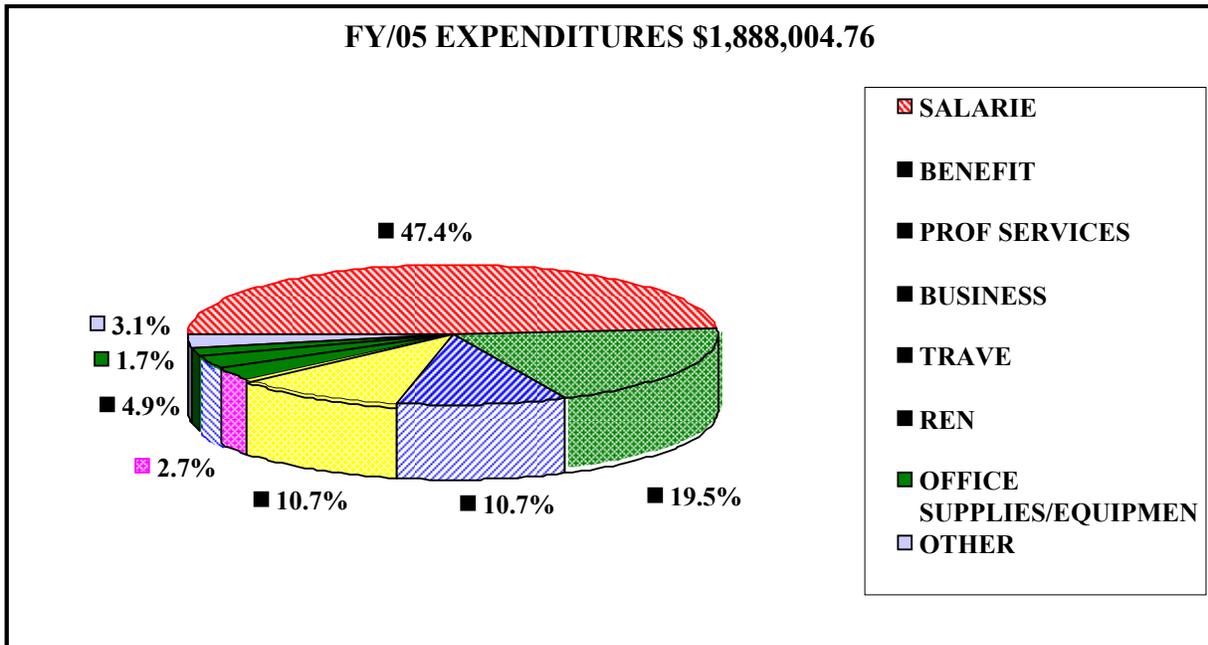
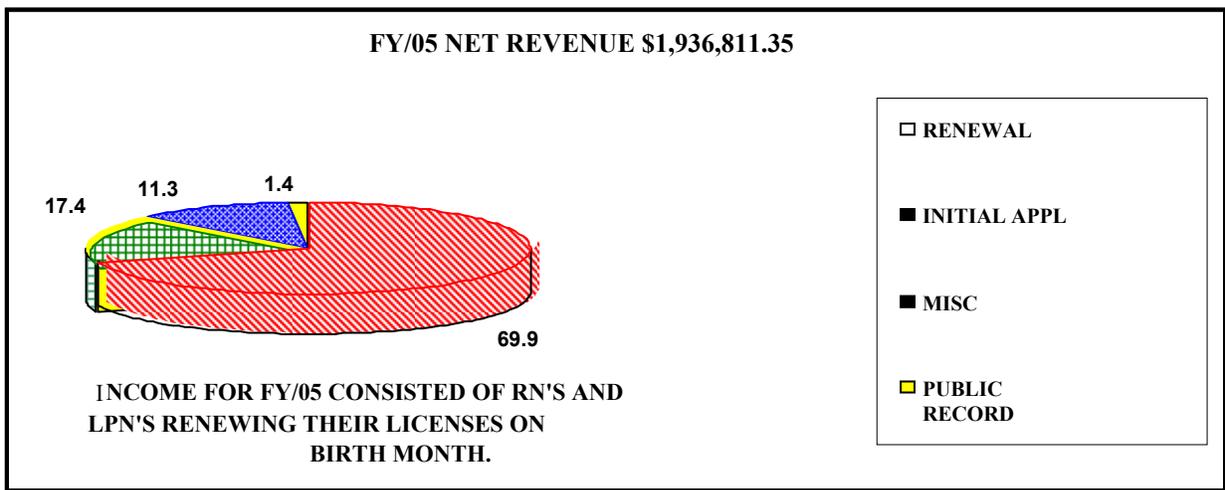
### **PROFESSIONAL CORPORATIONS**

The 1976 Legislature amended the Professional Corporation Act by adding registered nurses to the definitions of Professional Corporation. During fiscal year 2005, 15 Registered Nurses and no Licensed Practical Nurses were issued certificates for incorporation.

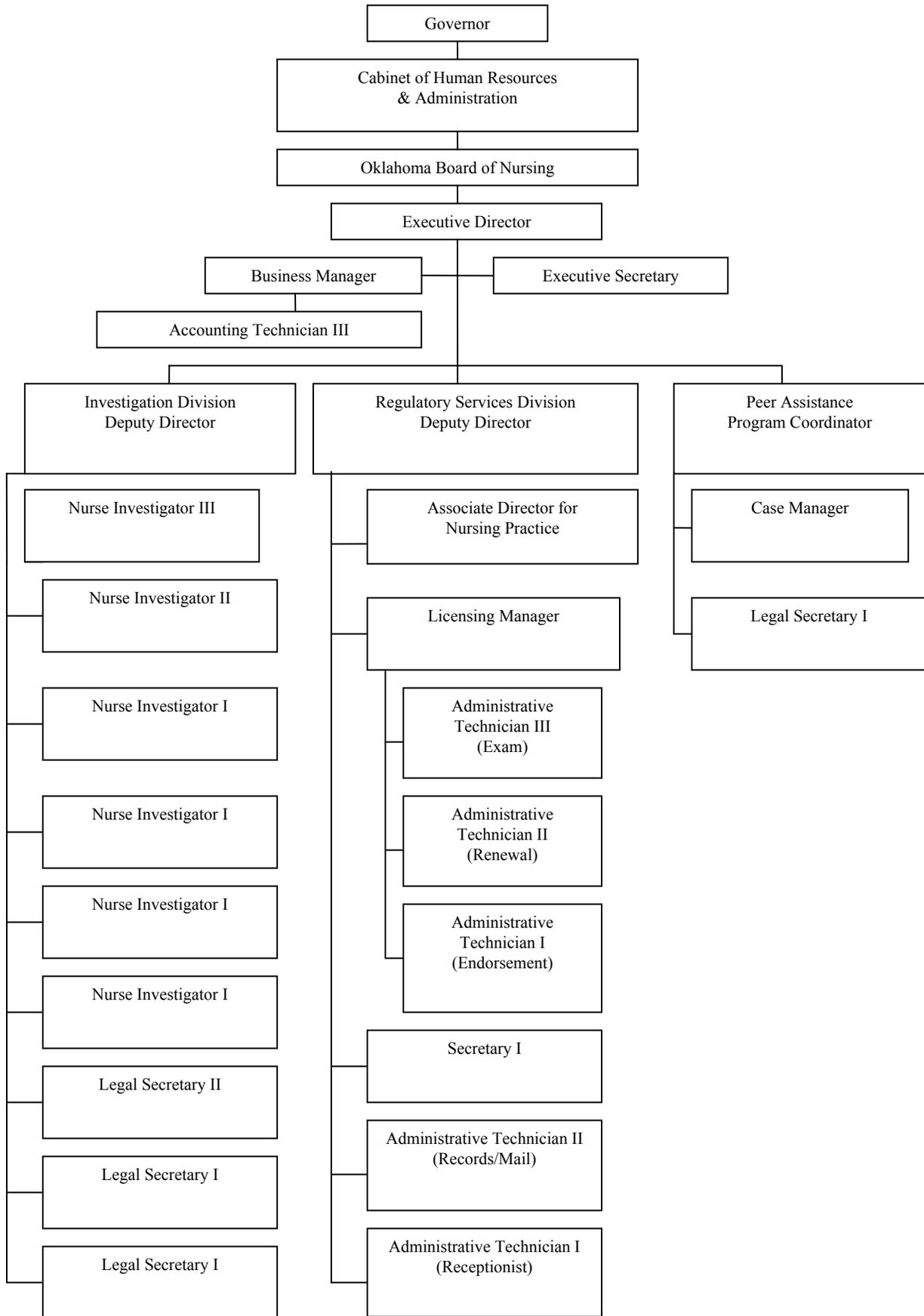
## BUDGET

The Board does not receive any appropriations of tax money. The licensure fees paid by the nurses in the state constitute the agency's main financial support. The Fiscal Year 2005 net revenue\* was \$1,936,811.35 based on RN license renewal in even numbered years and LPN license renewal in odd numbered years. Expenses for Fiscal Year 2005 totaled \$1,888,004.76. The graphs on the following pages depict the breakdown of revenue and expenses.

The Board is required to pay 10% of all fees collected to the Treasury of the State of Oklahoma and these funds are credited to the General Fund for appropriation by the Legislature to various other agencies and services of state government. The Board paid \$209,795.21 to the General Fund in Fiscal Year 2005.



## Oklahoma Board of Nursing Organization Chart



## REGULATORY SERVICES DIVISION

### **Introduction**

The Regulatory Services Division was formed in the Fall of 2004 from three separate departments: Practice, Education, and a portion of Business Services. The purpose of the division is to provide nursing regulation in three areas: education, practice, and licensing. In addition, the Regulatory Services Division provides support services for the agency in reception of incoming calls and visitors, mail processing, and open records. Nine staff members are employed in the Regulatory Services Division.

The following report reflects activities in the Regulatory Services Division in FY 2005.

### **Licensure, Certification, and Recognition Activities**

#### New Licenses Issued By Examination

The Board administers the National Council Licensure Examination (NCLEX) for Registered Nurses (NCLEX-RN) and Licensed Practical Nurses (NCLEX-PN) under contract with the National Council of State Boards of Nursing, Chicago, Illinois. The NCLEX examination is developed and administered by Pearson VUE, Bloomington, Minnesota, under the auspices of the National Council of State Boards of Nursing.

#### **Registered Nurse Licensure Examination Statistics (First Time Oklahoma-Educated Writers by Calendar Year)\***

	CY2000	CY2001	CY2002	CY2003	CY2004	1 & 5 Year Variance
Number of Candidates	1,186	1,101	1,057	1,122	1,311	↑16.8%/↑10.5%
Oklahoma Pass Rate	80.94%	84.92%	83.92%	86.36%	83.68%	↓3.1%/↑3.4%
National Pass Rate	83.84%	85.53%	86.66%	87.01%	85.26%	↓2.1%/↑1.7%

\*Includes Oklahoma-educated candidates applying for licensure in other states

The number of candidates for registered nurse licensure by examination has shown a promising increase in the past five years. The National and State NCLEX-RN pass rate in CY 2004 may have been impacted by the higher passing standard instituted by the National Council of State Boards of Nursing, but there is still an overall improvement in the pass rate over the past five years.

**Licensed Practical Nurse (LPN) Licensure Examination Statistics  
(First Time Oklahoma-Educated Writers by Calendar Year)\*#**

	CY2000	CY2001	CY2002	CY2003	CY2004	1 & 5 Year Variance
Number of Candidates	1,141	986	1,077	1,168	1,160	↓0.7%/↑1.7%
Oklahoma Pass Rate	87.12%	86.41%	86.07%	89.21%	91.81%	↑2.9%/↑5.4%
National Pass Rate	85.10%	86.46%	86.5%	88.21%	89.36%	↑1.3%/↑5%

\*Includes Oklahoma-educated candidates applying for licensure in other states

#Included in the NCLEX-PN figures in the chart are PN equivalency candidates. Students who are enrolled in RN education programs are eligible to apply to take the NCLEX-PN examination as equivalent candidates after completion of specified course work. In addition, certain military medics may apply to take the NCLEX-PN examination as special candidates.

Although the total number of candidates for practical nurse licensure by examination has remained relatively flat over the last five years, there is a significant improvement in the NCLEX-PN pass rate, which results in a greater number of licenses being issued.

**NCLEX-PN Pass Rates of Candidates for PN Equivalency  
Number of First-Time Candidates by Calendar Year  
(With NCLEX Pass Rate in Parentheses)**

	CY2000	CY2001	CY2002	CY2003	CY2004
Partial RN Program Completion and RN Graduate (Combined)	212 (96.2%)	208 (96.2%)	129 (96.9%)	*	*
Partial RN Program Completion	*	*	*	140 (98.57%)	133 (94.74%)
RN Graduate	*	*	*	37 (97.3%)	18 (88.89%)
Air Force Medics#	*	*	*	16 (56.25%)	5 (80%)

\*Report method changed in CY 2003.

#Army medics at the 91WM6 level are eligible for practical nurse licensure but are not considered PN Equivalency candidates. The Army offers a board-approved practical nursing program and graduates of that program may be approved to take the NCLEX-PN examination.

**Initial Applications for Oklahoma Licensure by Examination  
(Includes First Time and Rewrite Candidates)**

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	1,498	1,392	1,494	1,573	1,831	↑16.4%/↑22.2%
Licensed Practical Nurse	1,177	1,338	1,531	1,367	1,439	↑5.3%/↑22.3%
Total Candidates	2,675	2,730	3,025	2,940	3,270	↑11.2%/↑22.2%
#Candidates Reporting Arrests	100	160	276	263	254	↓3.4%/↑154%

Initial applications for licensure by examination includes both first-time and rewrite candidates. Rewrite candidates may submit more than one application during the year. In July, 2004, a new policy went into effect allowing rewrite candidates to take the NCLEX examination every 45 days, instead of every 90 days. This may have impacted the number of initial applications for licensure by examination. Other factors impacting the number include the increase in the number of graduates in the state.

The number of candidates reporting an arrest has dropped in the last two years. This decline may be related to statutes that do not allow candidates with felony convictions to apply within the first five years of completion of their sentencing terms.

**Processing Time for Initial Applications for Licensure By Examination**

	FY2001	FY2002	FY2003	FY2004	FY2005	1 Year Variance
# days from receipt of completed application to approval	*	*	2.35	2.1	6.8	↑223.8%
# days from receipt of exam results to applicant notification	*	*	≤1	≤1	≤1	0%

\*Data not collected

Processing time for initial applications for licensure by examination from receipt of the completed application to approval of the application was significantly higher during this fiscal year. Factors affecting the processing time included the extended absences of division staff members and an increase in the volume of candidates during the spring and summer of 2005. In addition, review of the completed application was delayed in many cases, due to the transition of this function from the Deputy Director to the Licensing Manager. The method of evaluating processing time has been revised for FY 2006 to encompass a larger sample. In addition, monies have been requested to hire a temporary worker in the summer to assist with the increased volume of applications during that time. It is anticipated that the processing time will improve in FY 2006.

### New Licenses Issued By Examination

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	1,072	968	1,133	1,216	1,239	↑1.9%/↑15.6%
Licensed Practical Nurse	1,070	968	1,006	997	1,205	↑20.4%/↑12.6%
TOTAL	2,142	1,936	2,139	2,213	2,444	↑10.4%/↑14.1%

New license issued by examination shows a steady increase over the last five years. However, national projections of demand for nurses (particularly RNs) indicate that even more new licensees will be needed.

#### New Licenses Issued by Endorsement

The Board may issue a license to practice without examination to any applicant who has been duly licensed as a registered nurse or licensed practical nurse, or is entitled to perform similar services under a different title, according to the laws of another state, territory, the District of Columbia or a foreign country if such applicant meets the requirements for licensure in the State of Oklahoma.

### Initial Applications for Licensure by Endorsement

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	635	688	637	851	838	↓1.5%/↑32%
Licensed Practical Nurse	205	164	146	195	199	↑2.1%/↑2.9%
TOTAL	840	852	783	1,046	1,037	↓0.9%/↑23.5%

### Number of Endorsement Verifications to Other States

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	1,634	1,591	1,396	1,437	1,782	↑24%/↑9.1%
Licensed Practical Nurse	516	573	480	514	499	↓2.9%/↓3.3%
TOTAL	2,150	2,164	1,876	1,951	2,281	↑16.9%/↑6.1%

Written verification of licensure is requested by a state or country when a nurse applies for licensure by endorsement in that state or country. Although the Board does not receive notification that a nurse has applied for licensure in another state, the number of verifications requested provides an estimate of the number of nurses who have applied for licensure in other states and/or countries.

License Renewal, Reinstatement and Return to Active Status

The Oklahoma Nursing Practice Act requires licenses to be renewed every two years according to a schedule published by the Oklahoma Board of Nursing. Renewal applications, accompanied by the renewal fee, must be submitted by the end of the birth month in even-numbered years for registered nurses, and in odd-numbered years for licensed practical nurses.

**Number of Renewal Applications Processed**

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
RN/LPN	21,077	22,884	20,292	21,353	21,697	↑1.6%/↑2.9%
Percent Nurses Renewing Online	*	*	*	26%	29%	↑11.5%/N/A
Advanced Practice Nurse	296	520	452	637	485	↓23.9% /↑63.9%
Advanced Unlicensed Assistants	138	93	240	128	210	↑64.1% /↑52.2%
TOTAL	21,511	23,497	20,984	22,118	22,392	↑1.2%/↑4.1%

\* Online renewal implemented February 2003.

There is a significant increase in the number of AUAs renewing over FY 2001. In addition, the data shows the continuous increase in the number of advanced practice nurses in Oklahoma.

**Processing Time for Licensure Renewal**

	FY2001	FY2002	FY2003	FY2004	FY2005
# days from receipt of completed application to processing	*	*	13.4	*	6.4

\*Data not collected

Renewal processing time has been measured sporadically and inconsistently in the past five years. The goal for FY 2006 is to develop a better method of measuring processing time for renewals, to include time until mailed to the licensee. The improvement in the processing time between FY 2003 and FY 2005 is partially due to the use of online renewal by almost one-third of licensees. Online renewal applications are typically processed on the same day they are received in the office.

### Number of Applications for Reinstatement/Return to Active Status

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
RN/LPN	1,242	1,409	1,464	1,497	1,192	↓20.4%/↓4%
Advanced Practice Nurse	16	13	21	17	19	↑11.8%/↑18.8%
Prescriptive Authority	15	7	3	6	10	↑66.7%/↓33.3%
Advanced Unlicensed Assistant	5	24	22	25	13	↓48%/↑160%
<b>TOTAL</b>	<b>1,278</b>	<b>1,453</b>	<b>1,510</b>	<b>1,545</b>	<b>1,234</b>	<b>↓20.1%/↓3.4%</b>

#### Other Licensee and Public Requests and Activities

The Regulatory Services Division also is responsible for modifications to licensure records, processing open records requests, providing address lists and labels when requested, and receiving visitors into the office. The following table reflects these activities:

#### **Other Licensee and Public Requests and Activities**

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Change of Address	*	*	2,960	3,539	3,160	↓10.7%/N/A
Duplicates or Modification of Licensure Status	1,525	1,603	1,565	1,448	1,533	↑5.9%/↑0.5%
Open Records Requests	1,061	1,130	1,829	2,362	2,000	↓15.3%/↑88.5%
Requests for Address Lists and Labels	*	*	*	*	245	N/A/N/A
Visits to Board Office or Walk-in Customers	2,044	4,358	4,848	4,736	4,502	↓4.9%/↑120.3%

\*Data not available

#### Advanced Practice Recognition

The Oklahoma Nursing Practice Act was revised September 1, 1991, to include the four areas of advanced practice nurses: (1) Advanced Registered Nurse Practitioner [ARNP]; (2) Certified Nurse Midwife [CNM]; (3) Clinical Nurse Specialist [CNS]; and (4) Certified Registered Nurse Anesthetist [CRNA].

### Number of Advanced Practice Nurses Recognized in Oklahoma

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Advanced Registered Nurse Practitioners	492	510	626	648	687	↑6%/↑39.6%
Certified Nurse Midwives	30	30	37	42	45	↑7.1%/↑50%
Clinical Nurse Specialists	134	140	183	190	198	↑4.2%/↑47.8%
Certified Registered Nurse Anesthetists	410	409	414	437	472	↑8%/↑15.1%
<b>TOTAL</b>	<b>1,066</b>	<b>1,089</b>	<b>1,260</b>	<b>1,317</b>	<b>1,402</b>	<b>↑6.5%/↑31.5%</b>

### Number of Advanced Practice Recognitions Issued

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Advanced Registered Nurse Practitioners	55	56	64	56	64	↑14.3%/↑16.4%
Certified Nurse Midwives	2	3	3	2	8	↑300%/↑300%
Clinical Nurse Specialists	14	17	13	17	16	↓5.9%/↑14.3%
Certified Registered Nurse Anesthetists	51	23	24	39	55	↑41%/↑8%
<b>Total</b>	<b>122</b>	<b>99</b>	<b>104</b>	<b>114</b>	<b>143</b>	<b>↑25.4%/↑17.2%</b>

### Number of Advanced Practice Nurses with Prescriptive Authority

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Advanced Registered Nurse Practitioners	304	346	441	*539	531	↓1.48%/↑74.6%
Certified Nurse Midwives	16	19	23	*21	26	↑23.8%/↑62.5%
Clinical Nurse Specialists	19	23	47	*53	51	↓3.8%/↑168.4%
Certified Registered Nurse Anesthetists	54	58	78	*91	94	↑3.3%/↑74.1%
<b>TOTAL</b>	<b>393</b>	<b>446</b>	<b>589</b>	<b>*704</b>	<b>702</b>	<b>↓2.9%/↑78.6%</b>

\*Corrected number from 2004 report.

The five year variance speaks to the significant increase of advanced practice nurses with prescriptive authority.

### Number of Prescriptive Authority Recognitions Issued

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Advanced Registered Nurse Practitioners	55	55	64	40	57	↑42.5%/↑3.6%
Certified Nurse Midwives	3	2	3	0	5	↑500%/↑66.7%
Clinical Nurse Specialists	9	5	13	7	13	↑114.3%/↑44.4%
Certified Registered Nurse Anesthetists	9	4	24	5	8	↑60%/↓11.1%
TOTAL	76	66	104	52	83	↑59.6%/↑9.2%

### Number of Changes in Supervising Physicians

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
TOTAL	*	230	219	217	218	↑0.5%/N/A

\*Not measured

#### Certification of Advanced Unlicensed Assistants

Advanced Unlicensed Assistive Personnel (AUAs) complete a 200 hour training program, which is designed to build upon basic skills traditionally performed by nursing assistants working in health care settings. A list of Board-approved AUA training programs is available on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Specific core skills, legal and ethical aspects of health care and appropriate personal behaviors are presented in a format that combines classroom lecture/discussion, demonstration/practice lab and clinical application. Upon satisfactory completion of the course work, graduates of these training programs are eligible to take the AUA certification examination. This examination is developed by The Chauncey Group International, Princeton, New Jersey, and is approved by the Oklahoma Board of Nursing. Upon successful completion of the certification examination, the Board-certified AUA may perform the skills that are identified on the *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants*, under the supervision of Registered Nurses and Licensed Practical Nurses in acute care settings.

### Advanced Unlicensed Assistants

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	1 & 5 Year Variance
# New Certifications Issued	53	63	118	101	125	↑23.8%/↑135.8%
Total # AUAs Certified	371	430	396	496	546	↑10.1%/↑47.2%

Although the use of AUAs in acute care facilities remains limited, AUA certification numbers point to a continuing increase.

## Practice/Advanced Practice Activities

The Oklahoma Board of Nursing is charged with providing information on the *Oklahoma Nursing Practice Act and Rules*, coordinating nursing practice activities, collecting and analyzing data related to nursing practice issues and the nursing population to identify trends and future needs, and studying the impact of legislation and rules on nursing practice. The following report summarizes nursing practice activities in FY 2005.

### Declaratory Rulings Issued

- 11/04 *The Scope of Practice of Registered Nurse in the Role of Sexual Assault Nurse Examiner*  
01/05 *The Scope of the Practice of Advanced Practice Registered Nurse or Certified Nurse-Midwife to administer digital blocks, pudendal blocks administered during the intrapartum or immediate postpartum period, and penile blocks for the purposes of circumcision. (Declaratory Ruling # 4)*
- 01/05 Interpretive Rule No. 1- RESCINDED

### Position Statement Issued

- 07/04 *Licensure Requirements for Provision of Nursing Care by Telecommunications /Electronic Communications Position Statement*

### Legal Opinions Issued

- 05/05 Attorney General's Letter Regarding Declaratory Ruling #4 (ARNP and CNM Regional Blocks)

### Practice Policies Issued

- 11/04 *Policy on Approval of Pharmacology Academic/Contact/Equivalencies for Prescriptive Authority for the Advanced Registered Nurse Practitioner (ARNP), Certified Nurse Midwife (CMN), and Clinical Nurse Specialist (CNS)*

### Revisions to Practice Policies

- 07/04 *Formulary Advisory Council Procedure for Amending the Formulary*  
11/04 *Guidelines for the Registered Nurse Monitoring Obstetrical Patients Receiving Analgesia/Anesthesia by Catheter Techniques*  
01/05 *Policy on Approval of Pharmacology Academic/Contact/Equivalencies for Prescriptive Authority for the Advanced Registered Nurse Practitioner (ARNP), Certified Nurse Midwife (CMN), and Clinical Nurse Specialist (CNS) -RESCINDED*  
05/05 *CRNA Inclusionary Formulary*

## Education Activities

The Oklahoma Board of Nursing holds the responsibility for setting standards for nursing education and conducting survey visits to programs to ensure standards are met. The Board reviews and approves requests for new programs and program changes. The Board further maintains records verifying faculty qualifications and collects data on program, faculty and student characteristics. The following report summarizes nursing education activities in FY 2005.

### Number of Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005
# Baccalaureate Programs/Campuses*	11/15	11/17	11/17	11/17	11/16
# Associate Degree Programs/Campuses	16/22	15/21	15/22	16/25	17/26
# Practical Nursing Programs/Campuses	31/44	31/45	31/49	31/49	30/49
TOTAL	58/81	57/83	57/88	58/91	58/91

\*RN-BSN not included

While the number of programs has stayed the same, the number of campuses has increased over the past five years. This increase seems to have leveled off, perhaps due to issues with finding adequate faculty and clinical space to support nursing education. The Board has carefully evaluated requests for new programs and campuses to determine if there is evidence of adequate resources to support the proposed program/campus.

### Percent of Full-Time Faculty Holding a Masters Degree in Nursing or Higher

	FY2001	FY2002	FY2003	FY2004	FY2005
Baccalaureate Degree*	97.8%	96.4%	96.2%	97.8%	99.2%
Associate Degree	87.1%	83.2%	80.9%	84.1%	81.5%
Practical Nursing	4.2%	6.2%	10.9%	9.9%	9.2%

\*RN-BSN not included

RN nursing education programs are required to employ full-time faculty with a master degree in nursing or who are working on the master degree in nursing. This is not a requirement for practical nursing; however, programs with National League for Nursing accreditation are under pressure to employ faculty members with masters degrees in nursing. There is anecdotal evidence that programs continue to struggle with attracting masters-prepared nurses into nursing education, which may be the cause of the decrease of faculty in associate degree programs who hold a master in nursing degree.

### Applications to Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 year variance
Baccalaureate Degree*	887	857	966	1,455	2,164	↑48.7%/↑144%
Associate Degree	1,993	2,250	2,810	3,830	3,892	↑1.6%/↑95.3%
Practical Nursing	2,525	3,188	3,973	4,332	6,345	↑46.5%/↑151.2%
TOTAL	5,405	6,295	7,749	9,617	12,401	↑28.9%/↑129.4%

\*RN-BSN not included

The dramatic increase in applicants to nursing education programs may be attributable to recent marketing campaigns that promote the profession of nursing and changes in the economy.

### Admissions to Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 year variance
Baccalaureate Degree*	662	683	735	927	1,162	↑25.4%/↑75.5%
Associate Degree	1,029	1,198	1,341	1,462	1,594	↑9%/↑54.9%
Practical Nursing	1,354	1,556	1,699	1,726	1,722	↓0.2%/↑27.2%
TOTAL	3,045	3,437	3,775	4,115	4,478	↑8.8%/↑47.1%

\*RN-BSN not included

### Student Enrollment in Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 year variance
Baccalaureate Degree*	1,188	1,138	1,253	1,553	1,599	↑3%/↑34.5%
Associate Degree	2,115	1,976	2,158	2,221	2,655	↑19.5%/↑25.5%
Practical Nursing	1,843	1,932	2,323	2,424	2,328	↓4.1%/↑26.3%
TOTAL	5,146	5,046	5,734	6,198	6,582	↑6.2%/↑27.9%

\*RN-BSN not included

### Graduates from Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 year variance
Baccalaureate Degree*	448	444	449	537	636	↑18.4%/↑41.9%
Associate Degree	769	669	714	850	926	↑8.9%↑20.4%
Practical Nursing	716	909	989	1,014	1,010	↓0.4%↑41.1%
TOTAL	1,933	2,022	2,152	2,401	2,572	↑7.1%↑33%

\*RN-BSN not included

Nursing education programs appear to have responded to the current interest in nursing and the perceived need for additional nurses by accepting additional students into their programs. Their efforts to increase enrollment have resulted in a 33% increase in graduates in the last five years.

### Enrollment of Licensed Nurses in Nursing Education

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 year variance
LPN-ADN	211	199	269	320	315	↓1.6%/↑49.3%
LPN-BSN	34	35	36	40	35	↓14.3%/↑2.9%
RN-BSN	124*	100*	101*	148*	169*	↑14.1%/↑36.3%

\*Students enrolled in RN-BSN degree completion programs not regulated by the Board are not included in these figures.

The enrollment of licensed nurses in nursing education programs supports the increase in interest of LPNs in earning an associate degree in nursing and of RNs in earning a bachelor degree in nursing. The number of LPNs who choose to go directly into baccalaureate programs remains quite small.

### % Enrolled Students Representing an Ethnic Minority

	FY2001	FY2002	FY2003	FY2004	FY2005
Baccalaureate Degree*	24%	24.8%	25.4%	24.4%	26%
Associate Degree	22%	23.8%	24.8%	22.5%	26.8%
Practical Nursing	36.9%	32.9%	31.5%	29.6%	29.7%

\*RN-BSN not included

The percentage of students representing an ethnic minority has increased over the last five years in registered nursing education programs, while decreasing in practical nursing education programs. The data supports that nursing education programs have been relatively successful in attracting and retaining minority students.

### % Male Students Enrolled in Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005
Baccalaureate Degree*	10%	10.3%	9.6%	9.4%	10.1%
Associate Degree	10.1%	10.2%	11.1%	12.2%	11.8%
Practical Nursing	7.3%	7%	8.5%	8.7%	8.8%

\*RN-BSN not included

There is evidence of a continuing small increase in males entering the nursing profession, although the data clearly indicates there is still a need to recruit more men in nursing.

### Average Age of Students Enrolled in Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005
Baccalaureate Degree*	28.5	27.1	27	27.8	27.9
Associate Degree	29.9	30.7	30.6	30.3	32.3
Practical Nursing	28.6	29	29.5	29.9	27.3

\*RN-BSN not included

Interestingly, the average age of the associate degree student continues to climb, while the average age of both baccalaureate and practical nursing students has decreased slightly. Perhaps baccalaureate and practical nursing programs have had greater success in attracting students who are beginning a first career; while associate degree programs are more attractive to those beginning a second career.

### Mean Completion Rates of Nursing Education Programs

	FY2001	FY2002	FY2003	FY2004	FY2005
Baccalaureate Degree*	77%	79%	76%	83%	80%
Associate Degree	84%	78%	70%	76%	69%
Practical Nursing	71%	72%	74%	75%	70.7%

\*RN-BSN not included

The data support that the majority of students admitted to nursing education programs are successful in completing their programs. It is unclear as to why the completion rate of associate degree programs have decreased in the last five years, although the fact that they tend to serve older students with multiple responsibilities may contribute to the lower completion rates.

### Requests for Program Changes

	FY2001	FY2002	FY2003	FY2004	FY2005
Change in Curriculum	0 (0%)	3 (5.1%)	4 (7%)	3 (5.2%)	3 (5.2%)
Program Format Change	1 (1.7%)	1 (1.8%)	5 (8.8%)	1 (1.7%)	0 (0%)
Extended/Additional Classes	5 (8.6%)	6 (10.6%)	5 (8.8%)	5 (8.6%)	4 (6.9%)
New Nursing Program	1 (1.7%)	0 (0%)	0 (0%)	2 (3.4%)	2 (3.4%)

**Board Actions Related to Program Approval Status**  
**(Number of Programs Impacted With Percent of Total Programs Noted in Parentheses)**

	FY2001	FY2002	FY2003	FY2004	FY2005
Routine Survey Visits	14 (24%)	8 (14%)	9 (15.8%)	12 (20.6%)	8 (13.7%)
Board-Directed Survey Visits	0 (0%)	2 (3.5%)	1 (1.8%)	1 (1.7%)	1 (1.7%)
Warnings Issued	3 (5.1%)	0 (0%)	3 (5.3%)	3 (5.2%)	0 (0%)
Programs on Conditional Approval	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1.7%)
Programs Closed by Board	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Pass Rate Reports Required	15 (25.9%)	10 (17.5%)	12 (21%)	8 (13.7%)	10 (17.2%)

Education Policies Issued

9/04 *Refresher Course Policy*

Revisions to Education Policies

7/04 & 5/05 *Approved Skills List for Advanced Unlicensed Assistants*

1/05 *Information for Bulletins and Catalogues of Nursing Education Programs*

1/05 *NCLEX and AUA Candidates with a History of Arrest/Disciplinary Action Policy*

Nursing Education Program Approval Status

In FY 2005, the Board reviewed reports of survey visits conducted in nursing education programs and recommended continuing full approval for five years:

- Tri-County Technology Center, Bartlesville
- Green Country Technology Center, Okmulgee
- Connors State College, Warner and Muskogee campuses
- Northeast Technology Center, Kansas, Pryor, and Afton campuses
- Meridian Technology Center, Stillwater
- Oklahoma City Community College, Oklahoma City
- Platt College-Lawton, Lawton

In addition, the Board extended initial approval to the registered nursing education program at Platt College-North, Oklahoma City, for three years. The Board also accepted the report of the survey visit to DeMarge College, Oklahoma City, and left the program on conditional approval. At the same meeting, DeMarge College notified the Board of its intent to close its program.

## NCLEX Pass Rate Reports

Pass rate reports are required when the first-time writer National Council Licensure Examination (NCLEX) pass rate for a nursing education program falls ten (10) percentage points or more below the national average and at least ten (10) candidates wrote the examination [OAC 485:10-3-5 (4)]. NCLEX pass rate reports were submitted in 2005 by the following nursing education programs with a Calendar Year 2004 NCLEX pass rate ten (10) percentage points or more below the national average:

Central Technology Center, Drumright  
Platt College-Central, Oklahoma City  
Eastern Oklahoma State College, Wilburton  
Bacone College, Muskogee  
Redlands Community College, El Reno  
Oklahoma City University, Oklahoma City  
Southern Nazarene University, Bethany  
Oral Roberts University, Tulsa  
Northwestern Oklahoma State University, Alva  
University of Tulsa, Tulsa

A Board subcommittee reviewed the reports in May 2005 and made recommendations for action, which were reviewed and accepted by the Board at the May 2005 meeting for all of the above programs except Bacone College and Southern Nazarene University. A hearing was scheduled for Bacone College and Southern Nazarene University for the July, 2005 meeting.

### Request for New Programs, Additional Program Offerings, and Program Changes

In FY 2005, the Board approved curriculum change requests from the following programs:

Southern Nazarene University, Bethany  
Oklahoma City University, Oklahoma City  
Great Plains Technology Center-Comanche Nation Campus, Lawton

The Board approved requests for new nursing education programs in the following institutions:

Platt College-Tulsa, associate degree registered nursing education program  
Oklahoma Wesleyan University, Bartlesville, baccalaureate degree registered nursing education program

The Board approved requests for additional program offerings in the following programs:

Northeastern Oklahoma A&M College, Miami (Grove campus)  
University of Oklahoma College of Nursing, Oklahoma City (Online campus)  
Kiamichi Technology Center (additional program at the Atoka campus)  
Platt College-Central, Oklahoma City (Moore campus)

## Other Division Activities

### Nursing Education and Nursing Practice Advisory Committee

The purpose of the Advisory Committee on Nursing Education and Nursing Practice is to:

1. review annually the minimum standards for approved schools of nursing and make recommendations which would assure the standards are realistic and reflect the trends and present practices in nursing education;
2. examine and make recommendations concerning nursing practice issues;
3. provide input on the role and scope of safe and competent nursing practice; and
4. review annually the Rules of the Oklahoma Board of Nursing.

Persons who have served on this committee during the fiscal year are:

Jackye Ward, M.S., R.N., Board Representative, Chair  
Louise Talley, R.N., Ph.D, Board Representative  
Melinda Laird, R.N., Oklahoma Organization of Nurse Executives  
Lisa Griffiths, R.N., Oklahoma Organization of Nurse Executives  
Chris Wiegall, R.N., Oklahoma Organization of Nurse Executives  
Valerie McCartney, M.S., R.N., Practical Nursing Coordinators Council  
Marilyn Seiler, M.S., R.N., Oklahoma Association for Home Care  
Karen Tomajan, M.S., R.N., Oklahoma Nurses Association  
Ragina Holiman, R.N., Oklahoma Nurses Association  
Jack Nichols, L.P.N., Oklahoma State Association for Licensed Practical Nurses  
Lana Bolhouse, Ph.D., R.N., Bacc. & Higher Degree Program Deans Council  
Linda Fly, M.S., R.N., Associate Degree Directors Council  
Judy Unruh, R.N., Oklahoma Association of Health Care Providers

Board staff representatives were Gayle McNish, R.N., Ed.D., and Louise Drake, R.N., MHR.

The Nursing Education & Nursing Practice Advisory Committee met October 1, 2004, February 25, 2005 and June 22, 2005. The following work was completed:

1. Reviewed *Guidelines for the Nurse Monitoring of Epidural Medications for Epidural Medications for Obstetrical Patients* and recommended changes to the Board.
2. Reviewed the Conscious Sedation Task Force's recommendations on *Guidelines for the Registered Nurse Managing and Monitoring Conscious Sedation* and recommended changes to the guidelines to the Board
3. Reviewed the Rapid Sequence Intubation Task Force's recommendations regarding the registered nurse's role in rapid sequence intubation and recommended to the Board that no changes in current policies be made
4. Reviewed *Preceptor Policy* and recommended changes to the Board.
5. Reviewed *Guidelines for the Registered Nurse in the Administration, Management and Monitoring of Epidural Medications* and requested additional information on the issue of care of the intrathecal catheter.
6. Provided input to staff regarding administration of local anesthetic infiltration blocks for physician-implemented procedures

## Advanced Unlicensed Assistive Personnel Advisory Committee

The Advanced Unlicensed Assistive Personnel Advisory Committee is a statutory committee composed of the following representatives.

Oklahoma State Department of Health	Lisa McAlister, R.N.
Oklahoma State Regents for Higher Education	Debra Blanke, Ed.D.
Oklahoma State Department of Career and Technology	Lara Skaggs, M.S.
Oklahoma Board of Nursing	Cynthia Foust, Ph.D., R.N.
Oklahoma Hospital Association	Chris Weigal, R.N.
Oklahoma State Association of Licensed Practical Nurses	Casey Dumas, L.P.N.
Oklahoma Home Care Association	Gloria Peck, R.N.
Oklahoma Nurses Association	Michelle Pace, R.N.
Oklahoma Association of Health Care Providers	Marietta Lynch, R.N.

Board staff representatives were Gayle McNish, R.N., Ed.D., and Louise Drake, R.N, M.H.R.

The purpose of the Advanced Unlicensed Assistive Personnel Committee is to recommend standards for certification training programs, serve in an advisory capacity to the Board regarding functions that may be performed by unlicensed assistive personnel; and periodically review the recommended list of functions as necessary due to changes in health care.

The Advisory Committee met May 3, 2005 to review statutes and administrative rules related to Advanced Unlicensed Assistants and to review the approved skills list. The committee made recommendations to the Board for revision of the skills list.

## Advanced Practice Advisory Committee

The purpose of the Advanced Practice Advisory Committee is to:

1. make recommendation to the Board concerning advanced practice educational programs, national certifying bodies, definitions of scope of practice statements, standards of practice, and other practice-related issues;
2. advise the Board in the development and enforcement of Rules and Regulations regarding advanced practice;
3. advise the Board with regard to complaints filed against advanced practitioners, and assists the Board in interpretation of the Scope of Practice and Standards of Care for the Advanced Practitioner; and,
4. perform other duties as defined by the Board.

Persons who have served on this committee during this fiscal year are:

Mary Peterman, R.N., ARNP	Marjorie Sagonda, R.N., CRNA
E. Irene Hunt, R.N., ARNP	Lavonna Sanders, R.N., CRNA
Bobbie Reilley-Schmidt, R.N., ARNP	Elizabeth Schultz, R.N., CRNA
Amy Hightower, R.N., CNS	Gail Stafford, R.N., CNM
Susan Dresser, R.N., CNS	Melissa Carter, R.N., CNM
Susan Goodwin, R.N., CNS	Leanna Harkess, R.N., CNM
Deborah Booton-Hiser, Ph.D., R.N., Board Representative	

Board staff representatives were Gayle McNish, R.N., Ed.D., and L. Louise Drake, M.H.R., R.N.

The Advanced Practice Advisory Committee met on July 24, 2004, and on February 18, 2005. The following work was completed.

1. Drafted language for *Rules of the Oklahoma Nursing Practice Act* to address criteria for approval of certifying bodies for Clinical Nurse Specialists;
2. Reviewed and provided input on the application requirements and processes for advanced practice recognition and for prescriptive authority.

#### CRNA Formulary Advisory Committee

The purpose of the CRNA Formulary Advisory Council (“CRNA Council”) is to annually review and evaluate the approved Inclusionary Formulary and to make recommendations for any necessary revisions to the Board. The annual meeting of the CRNA Council was held on April 25, 2005. The CRNA Council reviewed and made a recommendation for revision to the Inclusionary Formulary, which was subsequently approved by the Board during the May 2005 meeting.

The CRNA Formulary Advisory Council is composed by five (5) members:

Appointed by the Oklahoma Association of Nurse Anesthetists

Victor Long, R.N., CRNA  
Bruce Kennedy, R.N., CRNA

Appointed by the Oklahoma Society of Anesthesiologists

Bill Maupin, M.D.  
Jay Cunningham, M.D.

Appointed by the Oklahoma Pharmaceutical Association

Clifford Meece, D.Ph.

Board Representative	Deborah Booton-Hiser, Ph.D., R.N
Board Staff Representative	L. Louise Drake, M.H.R., R.N.

## Formulary Advisory Committee

The purpose of the Formulary Advisory Council (“Council”) is to annually review the approved Exclusionary Formulary and to make recommendations for any necessary revisions to the Board. The annual meeting of the Council was scheduled for December 6, 2004. The meeting convened as scheduled; however, a quorum was not present. Therefore, the meeting was not held. The

Formulary Advisory Council is composed of twelve (12) members:

Appointed by the Oklahoma Board of Nursing:

Susan Ward, R.N., C.N.M.  
Bill Holland, R.N., A.R.N.P.  
Deborah Booton-Hiser, R.N., Ph.D.  
Ragina Holiman, R.N., C.N.S.

Appointed by the Oklahoma Pharmaceutical Association:

Dale Metzler, D.Ph.  
Dorothy Gourley, R.Ph.  
Gara Prather, R.Ph.  
Mark Deevers, R.Ph.

Appointed by the Oklahoma State Medical Association:

Donald K. Rahhal, M.D.	Obstetrician-Gynecologist
Allen J. Hamaker, M.D.	General Internist
R. Kevin Moore, M.D.	Pediatrician

Appointed by the Oklahoma Osteopathic Association:

Gerald Wootan, D.O.	Family Practice
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L. Louise Drake, M.H.R., R.N., served as Board Staff Representative.

## **Activities Related to Strategic Planning**

### Nursing Shortage

Goal #3 of the Board’s *Strategic Plan* is to “Respond to emerging public policy issues having an impact on the vision and mission of the Board of Nursing within an established time frame.” One of the activities used to meet this goal was to “Collaborate with other groups regarding responses to the nursing shortage.” In order to carry out this activity, staff members participated in several statewide initiatives designed to address the nursing shortage. One of the major initiatives is a Healthcare Workforce Shortage Task Force, sponsored by the Oklahoma Hospital Association. The Deputy Director for Regulatory Services continued to serve on the Steering Committee for the Task Force and on the Education and Training Work Group to the Task Force. The Task Force is still active and continues to develop new initiatives to address nursing shortage.

## NCLEX Pass Rate

Goal #1 of the Board's *Strategic Plan* is: "Statewide NCLEX pass rate for first-time writers will meet or exceed the national NCLEX pass rate by 2007". The NCLEX examination is used in all states for licensure of registered nurses and licensed practical nurses. Ensuring a high pass rate on the licensure examination is important for two reasons. First, NCLEX pass rate is an indicator of educational program quality used by regulators, accreditors, and the public. Second, a high NCLEX pass rate helps to ensure an adequate supply of nurses entering the workforce. Goal #1 has been met for the NCLEX-PN first-time writers, who exceeded the national NCLEX pass rate for the past two years. However, the Oklahoma NCLEX-RN pass rate has still not met the national average, although there is evidence of improvement in the last five years.

During FY 2005, the Board continued to implement recommendations of the NCLEX Pass Rate Task Force, as presented in FY 2003, by approving a rule that requires candidates to take and pass the NCLEX examination within two years of graduation from their nursing education program. The primary purpose of this rule, scheduled to take effect July 1, 2005, is to ensure that newly-licensed nurses have current nursing knowledge and skills; however, it is anticipated that the rule will also positively impact the candidate's ability to pass the NCLEX examination.

Information on factors impacting NCLEX success was presented by Board staff at a workshop of nurse educators and practicing nurses in Spring 2005.

## Continuing Qualifications for Practice

Goal #2 of the Strategic Plan is "Continued qualifications for practice standards established by the Board are in place by 2008." In order to meet this goal, the Board continues to consider ways competence can be maintained by licensed nurses and effectively assessed by the board. In January, 2005, rules took effect to require nurses seeking to reinstate their license, return the license to an active status, or endorse their license from another state to have worked in nursing in the past two years or to have completed a nurse refresher course, academic credits in a nursing education program, or retake the licensure examination. During FY 2006, the Board will consider continuing qualifications for practice for the nurse who maintains an active license.

## INVESTIGATION/DISCIPLINE

The Oklahoma Nursing Practice Act (ONPA) gives the Oklahoma Board of Nursing (Board) the power to 1) deny, suspend, or revoke any license to practice registered nursing or licensed practical nursing, or recognition for practice as an advanced practice nurse, or certification as an advanced practice nurse, or certification as an advanced unlicensed assistive person; 2) assess administrative penalties; or 3) otherwise discipline a licensee or advanced unlicensed assistive person. The Act further states the Board shall impose a disciplinary action pursuant to the above, upon proof that the person:

1. Is guilty of fraud or deceit or material deception in procuring or attempting to procure:
  - a. a license to practice registered nursing, licensed practical nursing, or recognition to practice advanced practice nursing, or
  - b. certification as an advanced unlicensed assistive person;
2. Is guilty of a felony, or any offense reasonably related to the qualifications, functions or duties of any licensee or advanced unlicensed assistant, or any offices an essential element of which is fraud, or any offense, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed, or any conduct resulting in the revocation of a deferred or suspended or probation imposed pursuant to such conviction;
3. Fails to adequately care for patients or to conform to the minimum standards of acceptable nursing or advanced unlicensed assistant practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm;
4. Is intemperate in the use of alcohol or drugs, which use the Board determines endangers or could endanger patients;
5. Exhibits through a pattern of practice or other behavior actual or potential inability to practice nursing with sufficient knowledge or reasonable skills and safety due to impairment caused by illness, use of alcohol, drugs, chemicals or any other substance, or as a result of a mental or physical condition, including deterioration through the aging process or loss of motor skills, mental illness, or disability that results in inability to practice with reasonable judgment, skill or safety; provided, however, the provisions of this paragraph shall not be utilized in a manner that conflicts with the provisions of the Americans with Disabilities Act;
6. Has been adjudicated as mentally incompetent, mentally ill, chemically dependent or dangerous to the public or has been committed by a court of competent jurisdiction, within or without this state;
7. Is guilty of unprofessional conduct as defined in the rules of the Board;
8. Is guilty of any act that jeopardizes a patient's life, health or safety as defined in the rules of the Board;
9. Violated a rule promulgated by the Board, an order of the Board, or a state or federal law relating to the practice of registered, practical or advanced practice nursing or advanced unlicensed assisting, or a state or federal narcotics or controlled dangerous substance law; or
10. Has had disciplinary actions taken against the individual's registered or practical nursing license, advanced unlicensed assistive certification, or any health-related license, in this or any state, territory or country.

## Investigation and Disciplinary Process

The number of nursing practice incidents reported to the Board during FY2005 that resulted in opened cases for investigation and consideration for discipline by the Board decreased four percent compared to FY2004. Board staff, legal counsel, and/or other governmental agencies complete investigations of nursing practice incidents reported to the Board. During any investigation, the staff emphasizes the Board's commitment to the due process afforded each individual under the provisions of the Oklahoma Nursing Practice Act (ONPA) and the Administrative Procedures Act as well as the Board's legislative mandate to safeguard the public's health, safety, and welfare.

### Investigative Cases Opened

Categories of data compiled about opened investigative cases include the Classification of licensure/certification/applicant, type of cases, and location of case.

Classification of Licensure/Certification/Applicant										
FY 2005	RN	LPN	RN Endorsement	LPN Endorsement	NCLEX-RN	NCLEX-PN	APN	AUAP	Other	Total
Number	333	383	7	5	5	9	4	0	0	746
Percent	45%	51%	1%	1%	1%	1%	1%	0	0	100%

Type of Cases Opened										
FY 2005	Drug	Nursing Practice	Abuse/Neglect	Felony	Board Order Violation	*Other	Reinstatement/Return to Active	Fraud	Worked Lapsed License	Total
Number	149	195	155	32	25	123	46	14	7	746
Percent	20%	26%	21%	4%	3%	17%	6%	2%	1%	100%

\*Other types of administrative procedure cases were: hearing on temporary suspensions, request to amend, request to terminate probation, request for inactive status, voluntary surrender or court order surrender of license, misdemeanor, reappear before the Board as ordered, peer assistance related, request for reconsideration of Board decision, lawsuit, renewal application, etc.

Location of Cases Opened							
FY 2005	Hospital	Nursing Home	Home Health	*Other Nursing	**Other Non-Nursing	Other Jurisdiction	Total
Number	132	274	28	70	222	20	746
Percent	18%	37%	4%	9%	30%	3%	100%

\*Other nursing settings are physician's office, clinic, hospice, state correction facility, etc.

\*\* Other non-nursing settings are felonies, reinstatements, probation violations, etc.

Type of Cases Opened in Clinical Settings in FY2005				
Type	Hospital	Nursing Home	Home Health	Other Nursing
Drug	72	43	5	19
Nursing Practice	50	87	14	41
Abuse/Neglect	2	140	8	4
Worked Lapsed License	1	1	0	4
Other	7	3	1	2
Total	132	274	28	70

#### Rate of Complaints Received

The rate of complaints received is calculated by dividing the number of individual licensed nurses who were subjects of complaints during 2005 by the total number of active licensees in the state. The rate of complaints received during FY2005 was 13.9 per 1000 nurses (or 1.39% of total number of active licensees in the state).

#### **Resolution and Closure of Investigative Cases**

Investigative cases are resolved when the Board takes action on the case through Formal Hearings or Informal Disposition Panel Conferences. Investigative cases are closed when Board staff closes a case for no violation of the ONPA, for insufficient evidence, etc.

FY2005 Resolution/Closure Based on Length of Time Opened				
Board Resolved	Total	Board Staff Closed	Total	Grand Total
Within 6 months	400	Within 6 months	232	632 (82%)
After 6 months	72	After 6 months	63	135 (18%)
Totals	472 (62%)	Totals	295 (38%)	767 (100%)

Reasons for Closure by Board Staff				
FY2005	Insufficient Evidence	No Violation	Other	Total
Total	117	49	129	295
Percent	40%	17%	44%	100%

\*Other reasons for closure of open cases are: no jurisdiction, lapsed license, on advice of legal counsel, resolution of court case, appropriate action by employer, self-referrals to the Peer Assistance Program, etc.

Formal Hearings and Informal Disposition Panel Conferences are conducted bi-monthly to resolve open investigative cases. Overall, the Board had a decrease of 13% in the total number of hearings during FY2005 compared to FY2004.

Fiscal Year	Total Number of Informal Disposition Conferences	Total Number of Formal Hearings (Full Board)	Total Hearings
2004	332	199	531
2005	313	177	490
Variance	6% ↓	24% ↓	13% ↓

### Discipline by the Oklahoma Board of Nursing in Resolving Open Cases

The Board takes actions on open cases involving respondents or applicants in order to protect the health, safety, and welfare of the public. Those actions include denying licensure/certification (for example upon renewal, application for endorsement, application for licensure/certification by examination), revoking, suspending or otherwise disciplining a licensee or an advanced unlicensed assistive person. Many times the Board renders multiple types of action to a respondent or applicant, e.g., probation and requiring educational courses. During FY2005, the Board took 927 different actions of discipline. A summary of disciplinary actions taken by the Board is indicated below.

FY04	Revoke	Suspend	Probation	Reprimand	Refer PAP *	Other Action **	Voluntary & Court Surrender	Endorsement	Reinstate /Return Active	NCLEX RN /PN	Total
Totals/ (%)	50 (5%)	79 (9%)	45 (4%)	206 (21%)	60 (7%)	374 (40%)	33 (4%)	6 (1%)	48 (5%)	26 (3%)	927 (100%)

\* PAP is the Peer Assistance Program

\*\*Other action includes conditions placed on a license and/or certification (such as drug screens, education, psychiatric or substance abuse evaluation, etc.), lifting of temporary suspensions, amendments to orders, request for reconsideration of previous Board action, etc.

### Monitoring for Compliance/Non-Compliance with Board Orders

Once the Board has taken action on a license to practice nursing or on a certificate of an advanced unlicensed assistive person, ongoing monitoring of compliance with the Board Order is done. Twenty-five percent of the total nurses being monitored violated their Board Orders during fiscal year 2005.

Statistics Regarding Compliance to Board Order	Total of Licensees
Nurses on Probation/Conditions	376
Reports Monitored	1246
Violation of Board Order	92
Probation Completed	11
Terms of Order Completed	141
Successful Completion of PAP (Board referred)	12

## **PEER ASSISTANCE PROGRAM**

A Peer Assistance Program was implemented in November 1994 under the supervision and control of the Board of Nursing. The program is a voluntary alternative to formal disciplinary action whose purpose is to assist in the rehabilitation of licensed nurses who have abused drugs and/or alcohol. This approach allows the Board to retain control of nursing practice for the protection of the public.

As a part of the Board's oversight, it approves the program guidelines and periodically reviews and revises those guidelines. In FY2005 the Board approved revisions to the program's *Support Group Participation Guidelines* and *Successful Completion Guidelines*. It also approved *Return to Work Criteria* for the program.

### **Peer Assistance Committees (PAC)**

Committee members are appointed by the Board of Nursing for a three-year term and serve voluntarily without pay. The 26 individuals serving on committee in FY2005 averaged 39 hours each in committee meetings (not including preparation time for the meeting). This is the equivalent of approximately one week of service work to the program each.

The following individuals have served on Peer Assistance Committees during FY 2005:

Sandra Bazemore, M.S.N., R.N.  
Bradd Buchalla, R.N.  
Patsy Bynum, CRNA  
Suzanne Cannon, M.H.R., C.A.D.C.  
Tim Castoe, R.N.  
Terri Chapman, R.N., C.A.R.N.  
Jeff Creekmore, R.N.  
Jim DeSilver, C.A.D.C.  
Joanne Dobler, M.S.N., R.N.  
Shirley Garrett, L.P.N.  
Joanne Jackson, M.H.R., R.N.  
Johnny Johnson, C.A.D.C.  
Jackie Jordan, M.A., C.A.D.C.

Cindy Lyons, M.S., R.N.  
Robert Mann, M.S.W., R.N.  
Terrie Mills, R.N., L.P.C.  
Jayne Oertle, M.S., RNC, CARN  
Kristina Olsen, M.H.R., R.N.  
Patti Gail Patten, L.P.C., CADC  
Pam Price-Hoskins, Ph.D., R.N.  
Betty Reynolds, R.N.C.  
Becky Smith, M.H.R., R.N., M.A.C.,  
DC  
Deborah Stoll, R.N., C.A.D.C.  
Priscilla Turner, R.N.  
Lori Vicsek, M.S., R.N.

Donna Keller, L.P.N.

There are currently 24 individuals serving on five PAC. Nineteen of the current PAC members are licensed nurses, eight are certified in addictions and twelve are recovering individuals. Board rules require that each PAC have at least one recovering individual, one individual with a certification in addictions and the majority to be licensed nurses.

### PAC Activity

The PAC has the responsibility of determining licensee's acceptance into the program, developing the contract for participation, determining progress, successful completion or failure to comply and termination. They meet with the participants on a regular basis to evaluate progress.

FY	2001	2002	2003	2004	2005	5-Year Totals	Variance	
							1 year	5 year
PAC Meetings	40	43	46	44	42	215	↓5%	↑5%
Volunteer Hours	890	906	909	1012	1009	4726	↓0.3%	↑17%
Scheduled Reviews	460	481	500	580	682	2703	↑14%	↑48%
Noncompliance reviews	62	84	94	124	111	475	↓10%	↑79%
Total Reviews	522	565	594	704	793	3178	↑13%	↑52%

The PAC has averaged almost four meetings per month, volunteered an average of 84 hours monthly, and met with an average of 66 nurses monthly to review progress. Revisions to the procedures for processing applications in the program allowed for more efficient utilization of committee time. This has resulted in a decrease in the number of meetings required even though there has been an increase in actual activity by the PAC.

### New Entries

Applicants to the program are screened by program staff to assure they meet eligibility requirements. Those who meet the requirements are scheduled for entry appointments with the PAC, at which time the PAC determines whether they meet the criteria for acceptance into the program.

FY	2001	2002	2003	2004	2005	5 Year Totals	Variances	
							1 year	5 year
Entry Appointments Scheduled	88	62	108	113	103	474	↓9%	↑17%
Entry Appointments Not Kept	13	8	15	11	8	55	↓27%	↓38%
Entry Appointments Conducted	75	54	93	105	95	422	↓10%	↑27%
Applicants Not Accepted	13	6	12	6	4	41	↓33%	↓69%
Applicants Accepted	62	48	81	99	91	381	↓8%	↑47%
Applicants Declining Contract	0	0	1	3	2	6	↑200%	↑600%
Total Entering Program	62	48	80	96	89	375	↓7%	↑44%

## PAP Participants

Nurses enter the program voluntarily either through direct application or referral from the Board of Nursing. The minimum length of participation in the program for successful completion is 24 months with a maximum of 5 years. The average length of participation for individuals successfully completing the program in FY2005 was 29 months and 29.5 months for the 5 year period from FY2001-FY2005.

Termination from the program can occur anytime after acceptance into the program. The average length of participation for individuals terminating from the program in 2005 was 9.3 months. Fourteen of the 44 individuals (32%) terminated from the program were in the program 3 months or less. The majority of individuals terminated from the program were in for less than one year, while 13 individuals (30%) were in longer than one year.

### Nurses entering the program with Board Action

FY	2001	2002	2003	2004	2005	Variances	
						1 year	5 year
Entering	40	26	46	59	53	↓10%	↑33%
Participants On 6/30	46	49	54	74	86	↑16%	↑87%
Participants Discharged	5	11	13	8	17	↑113%	↑240%
Participants Terminated	20	17	25	31	24	↓23%	↑20%
Total Cases	71	77	92	113	127	↑12%	↑79%

Forty-seven percent of the 251 nurses participating in the program through Board referral were terminated from the program for noncompliance in the past 5 years. Twenty-two percent have been discharged for successful completion.

### Nurses entering the program without Board Action

FY	2001	2002	2003	2004	2005	Variances	
						1 year	5 year
Entering	22	22	34	37	36	↓3%	↑64%
Participants On 6/30	39	39	51	65	70	↑8%	↑67%
Participants Discharged	15	10	10	9	11	↑22%	↓27%
Participants Terminated	13	7	15	14	20	↑43%	↑54%
Total Cases	67	56	76	88	101	↑15%	↑51%

Thirty-four percent of the 200 nurses participating in the program without Board Action have been terminated for noncompliance in the last 5 years. Twenty-eight percent of the 200 nurses participating without Board Action in the past five years have also been discharged for successful completion.

**All nurses entering the program**

FY	2001	2002	2003	2004	2005	Variance	
						1 year	5 year
Participants On 6/30	85	88	105	139	156	↑12%	↑84%
Participants Discharged	20	21	23	17	28	↑65%	↑40%
Participants Terminated	33	24	40	45	44	↓2%	↑33%
Total Cases Managed	138	133	168	201	228	↑13%	↑65%

Sixty-three percent of all the nurses terminated from the program in the past five years have been referred to the program through Board Action. Fifty percent of all the nurses who successfully completed the program in the last five years were voluntary entrants into the program and 50% were referred through Board Action.

**PAP Participation by Licensure**

**Cases**

	2001		2002		2003		2004		2005	
RN	103	75%	94	71%	116	69%	129	64%	153	67%
LPN	31	22%	37	28%	51	30%	70	35%	72	32%
APN	4	3%	2	1%	1	1%	2	1%	3	1%
Totals	138	100%	133	100%	168	100%	201	100%	228	100%

Nurses participating in the program by level of licensure and percentage of total cases.

**Terminated**

	2001		2002		2003		2004		2005	
RN	21	64%	16	67%	21	53%	29	64%	24	55%
LPN	12	36%	7	29%	19	47%	16	36%	20	45%
APN	0	0%	1	4%	0	0%	0	0%	0	0%
Totals	33	100%	24	100%	40	100%	45	100%	44	100%

Nurses terminated from the program by level of licensure and percentage of total terminations.

**Discharged**

	2001		2002		2003		2004		2005	
RN	13	65%	15	71%	19	83%	13	76%	24	86%
LPN	6	30%	4	19%	4	17%	4	24%	4	14%
APN	1	5%	2	10%	0	0%	0	0%	0	0%
Totals	20	100%	21	100%	23	100%	17	100%	28	100%

Nurses discharged from the program by level of licensure and percentage of total discharges.

## Participation by Gender

The following tables represent program participation by gender. While males represent less than 10% of the general nursing population, they consistently average over 20% of the participants in the program.

### Cases

	2001		2002		2003		2004		2005	
Female	105	76%	96	72%	127	76%	158	79%	179	78%
Male	33	24%	37	28%	41	24%	43	21%	49	22%
Total	138	100%	133	100%	168	100%	201	100%	228	100%

Total number and percentage of nurses participating in the program by gender.

### Terminated

	2001		2002		2003		2004		2005	
Female	30	91%	16	70%	34	85%	38	84%	39	89%
Male	3	9%	7	30%	6	15%	7	16%	5	11%
Total	33	100%	23	100%	40	100%	45	100%	44	100%

Number and percentage of nurses terminated from the program by gender.

### Discharged

	2001		2002		2003		2004		2005	
Female	15	75%	14	67%	16	70%	11	65%	22	79%
Male	5	25%	7	33%	7	30%	6	35%	6	21%
Total	20	100%	21	100%	23	100%	17	100%	28	100%

Number and percentage of nurses discharged for successful completion by gender.

### Summary of Male Participation in 2005

FY 2005	Participants on 6/30/05		Discharged		Terminated		Total	
Males	38	78%	6	12%	5	10%	49	100%

### Summary of Female Participation in 2005

FY 2005	Participants on 6/30/05		Discharged		Terminated		Total	
Females	118	66%	22	12%	39	22%	179	100%

## PAP Relapse rates

Relapse is defined as unauthorized use of mind-altering, intoxicating and potentially addictive drugs after a period of abstinence.

FY 2003 Relapse	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		Total	
Board Referrals (92)	6	7%	3	3%	1	1%	10	11%
Voluntary (76)	2	3%	3	4%	1	1%	6	8%
Total (168)	8	5%	6	4%	2	1%	16	10%

FY 2004 Relapse	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		Total	
Board Referrals (103)	14	14%	2	2%	1	1%	17	17%
Voluntary (88)	5	6%	4	5%	1	1%	10	12%
Total (201)	19	9%	6	3%	2	1%	27	13%

FY 2005 Relapse	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		Total	
Board Referrals (127)	7	6%	2	2%	1	1%	10	8%
Voluntary (101)	3	3%	2	2%	2	2%	7	7%
Total (228)	10	4%	4	2%	3	1%	17	7%

The above tables represent the number of nurses who have relapsed by yearly participation since FY2003. All of the above figures are not available before 2003, but 13% percent of the nurses participating in 2001 relapsed and 17% relapsed in 2002. The average annual relapse rate for the past 5 years is 12%. Relapse rates in the past have been figured cumulatively over the life of the program and in relation to the number of nurses entering the program from 1994 to 2002.

## Peer Assistance Program Office Activity

FY	2001	2002	2003	2004	2005	Variances	
						1 year	5 year
Reports Monitored	5313	5580	5382	7761	8203	↑6%	↑54%
Staff Conferences/Consultations	36	28	48	45	56	↑24%	↑56%
Telephone Calls	3154	2956	3679	3761	4272	↑14%	↑35%
Educational Presentations	15	12	8	10	13	↑30%	↓13%
Applicant Interviews	98	75	138	130	104	↓20%	↑6%
*Average time from eligibility interview to entry appointment	10 days	14.2 days	13.2 days	12 days	10.9 days	↓9%	*
*Average time from noncompliance to PAC review	6.9 days	7.6 days	5.5 days	8 days	5.8 days	↓28%	*
Average time from identified relapse to ceasing nursing practice	1	1	1	1	1	--	--

\*Method of tracking average time changed from working days to calendar days in FY 2002

## REPORT OF NURSE POPULATION IN OKLAHOMA – FY2005

The nurse population report (RN and LPN) in Oklahoma for FY2005 is compiled from information provided by the licensee at the time of licensure or renewal of licensure through June 30, 2005 for registered nurses and licensed practical nurses.

The summary shows the current fiscal year (2005) and the data for the preceding three years.

Questions or comments regarding this information should be directed to the Executive Director of the Oklahoma Board of Nursing,

### Licensure Count by Type for FY2005

Total Number of Licensed Nurses:	
RN's	34,635
LPN's	17,043
APN's	1,402
Prescriptive Authority	1,072
AUA's	546
Nursing Education Programs	59
 Total Number of Licensee Records	 117,361

### SUMMARY REPORT

	2005 Report		2004 Report		2003 Report		2002 Report	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN
<b>RESIDING IN OKLAHOMA</b>								
Employed	*	*	24,189	12,136	23,601	12,143	24,057	12,356
Not Employed	*	*	5,060	3,818	5,222	3,524	3,833	3,323
<b>Total</b>	<b>30,496</b>	<b>16,098</b>	<b>29,249</b>	<b>15,954</b>	<b>28,823</b>	<b>15,667</b>	<b>27,890</b>	<b>15,679</b>
<b>RESIDING OUT OF STATE</b>								
Employed	*	*	2,330	532	2,298	545	2,231	540
Not Employed	*	*	1,471	414	1,364	417	1,149	419
<b>Total</b>	<b>6,514</b>	<b>943</b>	<b>3,801</b>	<b>946</b>	<b>3,662</b>	<b>962</b>	<b>3,380</b>	<b>959</b>
<b>GRAND TOTAL</b>	<b>34,635</b>	<b>17,043</b>	<b>33,050</b>	<b>16,900</b>	<b>32,485</b>	<b>16,629</b>	<b>31,270</b>	<b>16,638</b>

\* Data on employment of nurses is currently not available

**AVERAGE AGE OF LICENSED NURSES  
RESIDING IN OKLAHOMA - FY2005**

<b>LICENSURE/DEGREE</b>	<b>AGE</b>
<b>ALL NURSES</b>	<b>44</b>
<b>LPNS</b>	<b>44</b>
<b>RNS</b>	<b>44</b>
<b>ASSOCIATE DEGREE IN NURSING</b>	<b>44</b>
<b>BACHELOR DEGREE IN NURSING</b>	<b>40</b>
<b>BACHELOR DEGREE OTHER</b>	<b>49</b>
<b>MASTERS DEGREE IN NURSING</b>	<b>48</b>
<b>MASTERS DEGREE OTHER</b>	<b>51</b>
<b>Ph.D. IN NURSING</b>	<b>52</b>
<b>Ph.D. OTHER</b>	<b>53</b>

**REGISTERED AND LICENSED PRACTICAL NURSES  
RESIDING IN OKLAHOMA BY GENDER**

<b>GENDER</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>Registered Nurses</b>	<b>2,312</b>	<b>28,184</b>	<b>30,496</b>
<b>Licensed Practical Nurses</b>	<b>973</b>	<b>15,125</b>	<b>16,098</b>
<b>Total</b>	<b>3,285</b>	<b>43,309</b>	<b>46,594</b>

**ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY  
BY COUNTY - FY2005**

COUNTY	RX ARNP	RX CNM	RX CRNA	RX CNS	COUNTY	RX ARNP	RX CNM	RX CRNA	RX CNS	RX TOTAL
ADAIR	1				LEFLORE	3		1		
ALFALFA	0				LINCOLN	2				
ATOKA	1				LOGAN	4		1		
BEAVER	2				LOVE	2				
BECKHAM	3		1		MCCLAIN	3		1		
BLAINE	2				MCCURTAIN	1				
BRYAN	8		1		MCINTOSH	1		1		
CADDO	3				MAJOR	1				
CANADIAN	12		3		MARSHALL	2				
CARTER	7				MAYES	8				
CHEROKEE	7	5		1	MURRAY	1				
CHOCTAW	1				MUSKOGEE	18		1		
CIMARRON	0				NOBLE	1				
CLEVELAND	32		9	5	NOWATA	0				
COAL	1				OKFUSKEE	1				
COMANCHE	14		10		OKLAHOMA	114	8	23	22	
COTTON	0				OKMULGEE	6			1	
CRAIG	6		1		OSAGE	0				
CREEK	7				OTTAWA	7		3		
CUSTER	2				PAWNEE	1				
DELAWARE	9		1		PAYNE	6				
DEWEY	0				PITTSBURG	8	1	3	1	
ELLIS	1				PONTOTOC	10	4	1		
GARFIELD	9		1	1	POTTAWATOMIE	5		4		
GARVIN	4				PUSHMATAHA	1				
GRADY	6		1	1	ROGERS MILLS	0				
GRANT	1				ROGERS	9		2		
GREER	1				SEMINOLE	5				
HARMON	0				SEQUOYAH	4				
HARPER	0				STEPHENS	2		2		
HASKELL	2				TEXAS	1				
HUGHES	3				TILLMAN	3				
JACKSON	4		2		TULSA	90	6	2	14	
JEFFERSON	0				WAGONER	4				
JOHNSTON	5				WASHINGTON	4			2	
KAY	6				WASHITA	0				
KINGFISHER	3				WOODS	2				
KIOWA	2				WOODWARD	1		3		
LATIMER	0				OUT OF STATE	35	2	16	3	
					<b>TOTAL</b>	<b>531</b>	<b>26</b>	<b>94</b>	<b>51</b>	<b>702</b>

**REGISTERED NURSES WITH ADVANCED PRACTICE RECOGNITION  
BY COUNTY - FY 2005**

COUNTY	ARNP	CNM	CRNA	CNS	COUNTY	ARNP	CNM	CRNA	CNS	TOTAL
ADAIR	1				LEFLORE	3		3		
ALFALFA	1				LINCOLN	2			1	
ATOKA	1				LOGAN	3		4		
BEAVER	2				LOVE	2	1			
BECKHAM	2		2		MCCLAIN	4		1	1	
BLAINE	2				MCCURTAIN	2		2		
BRYAN	8		2		MCINTOSH	1		2		
CADDO	4				MAJOR	1				
CANADIAN	18		10	8	MARSHALL	2		1	1	
CARTER	10		6		MAYES	8		3		
CHEROKEE	12	7	7	2	MURRAY	2				
CHOCTAW	1				MUSKOGEE	16		3	4	
CIMARRON	0				NOBLE	1				
CLEVELAND	41	2	21	16	NOWATA	0				
COAL	1				OKFUSKEE	1				
COMANCHE	17		21		OKLAHOMA	155	11	50	70	
COTTON	0			3	OKMULGEE	6		3	2	
CRAIG	6		1		OSAGE	1				
CREEK	7			1	OTTAWA	8		3		
CUSTER	3		2	1	PAWNEE	1		2		
DELAWARE	9		2		PAYNE	8		5	1	
DEWEY	0		1		PITTSBURG	9	1	6	1	
ELLIS	1		1		PONTOTOC	11	6	4	1	
GARFIELD	11	1	7	1	POTTAWATOMIE	7		6	5	
GARVIN	4		1	1	PUSHMATAHA	1				
GRADY	6		2	2	ROGER MILLS	0				
GRANT	0		0		ROGERS	13	1	7	1	
GREER	1		1		SEMINOLE	5				
HARMON	0				SEQUOYAH	4		1		
HARPER	0				STEPHENS	3		5	1	
HASKELL	3				TEXAS	2		1		
HUGHES	3				TILLMAN	3		1		
JACKSON	6	1	5		TULSA	99	7	51	55	
JEFFERSON	1				WAGONER	6		1		
JOHNSTON	5				WASHINGTON	7		6	2	
KAY	8		6	1	WASHITA	0		1		
KINGFISHER	3		1	1	WOODS	2				
KIOWA	2				WOODWARD	2		4		
LATIMER	0			1	OUT OF STATE	86	7	197	14	
					<b>TOTAL</b>	<b>687</b>	<b>45</b>	<b>472</b>	<b>198</b>	<b>1402</b>

**REGISTERED NURSES RESIDING AND LICENSED IN OKLAHOMA  
BY COUNTY OF RESIDENCE AND AGE FY -2005  
ADAIR THROUGH KIOWA COUNTY**

<b>COUNTY OF RESIDENCE</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60 PLUS</b>	<b>TOTAL</b>
ADAIR	1	8	21	19	17	66
ALFALFA	4	8	7	6	16	41
ATOKA	1	11	29	21	16	78
BEAVER	1	8	3	11	11	34
BECKHAM	5	21	36	36	41	139
BLAINE	3	19	8	14	16	60
BRYAN	5	50	60	66	78	259
CADDO	2	19	36	46	43	146
CANADIAN	15	254	356	389	323	1337
CARTER	6	77	88	116	111	398
CHEROKEE	7	78	83	112	111	391
CHOCTAW	2	22	21	22	29	96
CIMARRON	0	1	0	6	3	10
CLEVELAND	31	378	452	531	475	1867
COAL	1	7	13	12	4	37
COMANCHE	14	127	165	228	168	702
COTTON	0	9	6	4	6	25
CRAIG	2	34	30	50	62	178
CREEK	7	78	64	96	111	356
CUSTER	10	40	55	65	49	219
DELAWARE	14	47	41	61	56	219
DEWEY	0	6	4	8	10	28
ELLIS	2	8	2	8	13	33
GARFIELD	21	132	129	166	174	622
GARVIN	7	41	50	68	44	210
GRADY	3	62	85	95	76	321
GRANT	4	13	10	15	10	52
GREER	3	4	8	7	7	29
HARMON	0	2	2	7	2	13
HARPER	1	4	7	10	5	27
HASKELL	0	22	36	35	32	125
HUGHES	1	21	16	21	24	83
JACKSON	1	36	63	65	47	212
JEFFERSON	0	6	10	8	2	26
JOHNSTON	3	17	19	31	27	97
KAY	18	85	73	101	99	376
KINGFISHER	2	29	40	51	41	163
KIOWA	1	15	12	16	20	64

**REGISTERED NURSES RESIDING AND LICENSED IN OKLAHOMA  
BY COUNTY OF RESIDENCE AND AGE - FY2005  
LATIMER THROUGH WOODWARD COUNTY**

<b>COUNTY OF RESIDENCE</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60 PLUS</b>	<b>TOTAL</b>
LATIMER	2	15	22	28	23	90
LEFLORE	9	51	61	89	88	298
LINCOLN	5	32	40	65	42	184
LOGAN	4	34	41	60	54	193
LOVE	2	9	8	16	14	49
MCCLAIN	3	50	85	119	72	329
MCCURTAIN	1	31	44	57	60	193
MCINTOSH	5	40	36	47	48	176
MAJOR	1	10	9	21	17	58
MARSHALL	3	18	24	25	30	100
MAYES	4	67	64	97	94	326
MURRAY	1	22	26	31	35	115
MUSKOGEE	16	147	177	233	207	780
NOBLE	1	13	25	33	22	94
NOWATA	0	8	8	23	14	53
OKFUSKEE	0	10	18	20	16	64
OKLAHOMA	168	1,514	1,567	2,084	2,054	7,387
OKMULGEE	7	40	37	76	85	245
OSAGE	5	18	18	26	33	100
OTTAWA	8	85	70	118	98	379
PAWNEE	2	20	11	40	32	105
PAYNE	9	90	86	116	109	410
PITTSBURG	1	82	90	106	116	395
PONTOTOC	7	56	51	92	99	305
POTTAWATOMIE	11	99	99	160	158	527
PUSHMATAHA	0	22	22	18	31	93
ROGER MILLS	1	3	2	10	6	22
ROGERS	20	126	135	216	181	678
SEMINOLE	4	23	35	65	33	160
SEQUOYAH	5	42	55	70	55	227
STEPHENS	3	43	54	67	68	235
TEXAS	3	21	25	18	22	89
TILLMAN	1	9	14	10	6	40
TULSA	116	1,223	1,183	1,684	1,778	5,984
WAGONER	2	41	43	71	63	220
WASHINGTON	16	85	77	104	98	380
WASHITA	2	11	12	23	20	68
WOODS	2	14	13	19	13	61
WOODWARD	1	17	14	27	27	86
UNKNOWN COUNTY		21	14	12	12	59
<b>TOTAL 2005</b>	<b>689</b>	<b>6,061</b>	<b>6,555</b>	<b>8,819</b>	<b>8,412</b>	<b>30,496</b>

**LICENSED PRACTICAL NURSES RESIDING AND LICENSED IN OKLAHOMA  
COUNTY OF RESIDENCE AND AGE FY - 2005  
ADAIR THROUGH KIOWA COUNTY**

COUNTY OF RESIDENCE	UNDER 20	20-29	30-39	40-49	50-59	60 PLUS	TOTAL
ADAIR		30	31	24	23	7	115
ALFALFA		6	2	10	6	5	29
ATOKA		16	17	25	16	9	83
BEAVER		1	6	6	4	3	20
BECKHAM		17	38	32	27	15	129
BLAINE		8	15	25	20	8	76
BRYAN		45	68	68	46	13	240
CADDO		36	74	61	61	16	248
CANADIAN	1	70	139	109	75	26	419
CARTER		37	68	61	80	22	268
CHEROKEE		37	55	57	37	16	202
CHOCTAW		19	46	26	29	8	128
CIMARRON		1	3	3	6	0	13
CLEVELAND		126	224	162	177	48	737
COAL		14	24	17	7	5	67
COMANCHE		156	197	181	128	36	698
COTTON		3	10	11	10	6	40
CRAIG		17	18	24	27	8	94
CREEK	1	52	57	92	93	43	337
CUSTER		22	39	45	35	18	159
DELAWARE		17	38	38	33	17	143
DEWEY		5	6	10	5	2	28
ELLIS		7	5	9	15	3	39
GARFIELD		57	60	55	65	24	261
GARVIN		35	58	51	58	26	228
GRADY		44	72	65	69	13	263
GRANT		3	6	1	4	4	18
GREER		7	12	10	10	5	44
HARMON		2	6	12	4	1	25
HARPER		4	6	7	4	1	22
HASKELL	2	18	34	25	17	7	101
HUGHES		18	27	27	30	12	114
JACKSON		40	54	54	34	19	201
JEFFERSON		6	23	10	10	6	55
JOHNSTON		5	17	12	15	10	59
KAY		31	45	50	50	19	195
KINGFISHER		14	23	16	15	13	81
KIOWA		13	23	32	15	9	92

**LICENSED PRACTICAL NURSES RESIDING AND LICENSED IN OKLAHOMA  
BY COUNTY OF RESIDENCE AND AGE - FY 2005  
LATIMER THROUGH WOODWARD COUNTY**

COUNTY OF RESIDENCE	UNDER 20	20-29	30-39	40-49	50-59	60 PLUS	TOTAL
LATIMER		16	22	22	9	7	76
LEFLORE		65	106	66	62	26	325
LINCOLN		27	49	62	39	11	188
LOGAN		17	27	24	32	11	111
LOVE		1	7	11	8	5	32
MCCLAIN	1	30	42	70	37	21	200
MCCURTAIN	1	58	70	51	44	16	239
MCINTOSH		7	23	23	34	8	95
MAJOR		8	12	10	15	5	50
MARSHALL		4	13	16	13	6	52
MAYES		49	50	46	51	16	212
MURRAY		17	32	20	25	13	107
MUSKOGEE	1	48	92	96	101	36	373
NOBLE		13	16	12	10	5	56
NOWATA		12	22	16	15	9	74
OKFUSKEE		14	20	26	14	4	78
OKLAHOMA	1	407	669	660	563	209	2508
OKMULGEE		33	60	70	40	24	227
OSAGE	1	27	40	37	25	11	140
OTTAWA		17	45	41	31	19	153
PAWNEE		13	25	26	28	5	97
PAYNE		55	69	69	45	26	264
PITTSBURG		44	71	82	70	37	304
PONTOTOC		56	78	76	71	32	313
POTTAWATOMIE		48	75	90	70	42	325
PUSHMATAHA		11	37	33	21	7	109
ROGER MILLS		2	3	6	9	5	25
ROGERS		43	71	72	67	33	286
SEMINOLE		26	32	46	36	23	163
SEQUOYAH		63	45	52	28	18	206
STEPHENS	1	62	62	65	62	23	274
TEXAS		2	7	16	9	5	39
TILLMAN		10	7	15	5	6	43
TULSA		234	364	382	406	148	1534
WAGONER		19	38	31	37	4	129
WASHINGTON		53	68	75	68	25	289
WASHITA		17	31	30	18	7	103
WOODS		5	9	8	8	2	32
WOODWARD	1	36	32	49	33	10	160
UNKNOWN COUNTY	1	11	20	8	9	0	48
<b>TOTAL 2005</b>	<b>12</b>	<b>2695</b>	<b>4251</b>	<b>4133</b>	<b>3628</b>	<b>1423</b>	<b>16,142</b>

**ADVANCED UNLICENSED ASSISTANT PERSONNEL  
BY COUNTY - FY 2005**

<b>COUNTY</b>	<b>AUAP</b>	<b>COUNTY</b>	<b>AUAP</b>
ADAIR		LEFLORE	
ALFALFA		LINCOLN	3
ATOKA		LOGAN	2
BEAVER		LOVE	
BECKHAM		MCCLAIN	1
BLAINE		MCCURTAIN	
BRYAN		MCINTOSH	
CADDO		MAJOR	
CANADIAN	34	MARSHALL	
CARTER		MAYES	
CHEROKEE	1	MURRAY	
CHOCTAW		MUSKOGEE	1
CIMARRON		NOBLE	1
CLEVELAND	21	NOWATA	
COAL		OKFUSKEE	
COMANCHE	1	OKLAHOMA	284
COTTON		OKMULGEE	3
CRAIG		OSAGE	
CREEK	11	OTTAWA	
CUSTER		PAWNEE	4
DELAWARE		PAYNE	
DEWEY		PITTSBURG	
ELLIS		PONTOTOC	
GARFIELD	1	POTTAWATOMIE	
GARVIN	4	PUSHMATAHA	2
GRADY		ROGERS MILLS	
GRANT		ROGERS	2
GREER		SEMINOLE	
HARMON		SEQUOYAH	
HARPER		STEPHENS	
HASKELL		TEXAS	
HUGHES		TILLMAN	
JACKSON		TULSA	156
JEFFERSON		WAGONER	4
JOHNSTON		WASHINGTON	2
KAY	2	WASHITA	
KINGFISHER		WOODS	
KIOWA		WOODWARD	
LATIMER		OUT OF STATE	6
		<b>TOTAL</b>	<b>546</b>

**NURSES LICENSED INTO AND OUT OF OKLAHOMA  
BY ENDORSEMENT (FY 2005)**

NURSES APPLYING FOR OKLAHOMA LICENSURE BY ENDORSEMENT		OKLAHOMA NURSES APPLYING FOR ENDORSEMENT TO OTHER STATES AND COUNTIES		
LICENSE TYPE	RN	LPN	RN	LPN
ALABAMA	10	1	10	7
ALASKA	6		16	3
ARIZONA	11		64	15
ARKANSAS	62	28	55	42
CALIFORNIA	70	9	190	21
COLORADO	16	5	54	17
CONNECTICUT	3	1	28	0
DELAWARE	4		2	0
DISTRICT OF COLUMBIA		1	12	0
FLORIDA	30	11	83	18
GEORGIA	4	4	38	20
HAWAII	2	2	14	4
IDAHO	1	1	2	0
ILLINOIS	30	2	35	6
INDIANA	11	4	24	17
IOWA	11	6	6	1
KANSAS	103	19	70	27
KENTUCKY	13	2	8	6
LOUISIANA	19	3	14	14
MAINE	4		16	2
MARYLAND	4	2	13	4
MASSACHUSETTS	5		43	4
MICHIGAN	11	1	47	9
MINNESOTA	10	1	18	1
MISSISSIPPI	4	4	10	2
MISSOURI	44	9	116	15
MONTANA		1	18	5
NEBRASKA	7		40	1
NEVADA	5	1	21	4
NEW HAMPSHIRE	5		7	1
NEW JERSEY	1		54	1
NEW MEXICO	8	1	28	4
NEW YORK	25	4	37	3
NORTH CAROLINA	13	4	37	16
NORTH DAKOTA	6	1	1	1
OHIO	22	1	26	6
OREGON			25	4
PENNSYLVANIA	19	3	22	5
RHODE ISLAND	4		15	2
SOUTH CAROLINA	5		12	7
SOUTH DAKOTA	3		3	0
TENNESSEE	19	1	27	4
TEXAS	153	53	305	178
UTAH	5		7	2
VERMONT	16		6	0
VIRGINIA	18	9	29	0
WASHINGTON	8	3	22	0
WEST VIRGINIA	4		21	0
WISCONSIN	5		24	0
WYOMING	2	2	7	0
UNKNOWN	2		0	0
<b>TOTAL</b>	<b>843</b>	<b>200</b>	<b>1,782</b>	<b>499</b>

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