



November 2012

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President's Address

You Worked Hard to Get your License - Why Risk Losing It?

by Liz Michael, MS, RN, Board President

Your license is what defines you as a nurse. It is not only the key to your livelihood; it is how you are able to support yourself and your family. Without a license, you cannot practice the art of nursing or the skills you have worked so hard to learn, and perfect!!

Here are a few suggestions to help you make the right choices to keep your license in good standing:

- **Be informed:** Know what your scope of practice encompasses, and never deviate from it. Stay up to date on any changes that legislation might affect your practice.
- Maintain professional boundaries: Refrain from sexual misconduct with patients.
- **Be METICULOUS with medication management:** Know the medications you are administering and document accordingly. Remember that if it wasn't documented, it wasn't done! Never divert or tamper with medications.
- **Never willfully neglect or cause harm to a patient:** Caring for a patient is a privilege, and should be done in a compassionate and competent fashion.
- **Refrain from substance abuse:** The use of alcohol, prescription drugs, or illegal substances has the ability to impair your judgment, thus making you a potential danger to the "public" or those you are trusted to care for. Remember to "Think before you drink"! Any substance that impairs your judgment makes you unsafe to practice.
- **Finally, BE HONEST:** Never falsify documentation, including your license renewal and/or any applications submitted to the Oklahoma Board of Nursing. Doing so is considered a violation of the *Oklahoma Nursing Practice Act*. Always read everything before you sign it - once you sign, you are attesting to the truthfulness of your answers in the document.

These are only a few suggestions to help you make the right decisions about your nursing license. As a nurse you are a member of one of the most trusted professions. Embrace that trust and be accountable to your profession.

Good Luck!

New Rules Approved by the Oklahoma Board of Nursing

On January 31, 2012, the Oklahoma Board of Nursing approved proposed rule revisions for the *Rules of the Oklahoma Board of Nursing*. The revised *Rules* went through an administrative rulemaking process and were approved by the Governor and by the Legislature, before taking effect on July 12, 2012. The revisions updated titles, clarified current language, and added language to implement the 2011 amendments to the *Oklahoma Nursing Practice Act* (ONPA). A summary of the revisions follows.

Overview of Revisions

To incorporate 2011 statute changes in the *Oklahoma Nursing Practice Act*, the following revisions were made throughout the Rules. The terms “advanced practice nurse” (“APN”) and “advanced practitioners,” were revised to “Advanced Practice Registered Nurse” (“APRN”), and the term “advanced practice nursing” was revised to “advanced practice registered nursing.” The term “advanced registered nurse practitioner” (“ARNP”) was revised to “Certified Nurse Practitioner” (“CNP”). The term “recognition” in relationship to advanced practice registered nursing was revised to “license” or “licensure.” The terms “registered nurse,” “licensed practical nurse,” and “advanced unlicensed assistant” or “advanced unlicensed assistive person” were revised to “Registered Nurse,” “Licensed Practical Nurse,” and “Advanced Unlicensed Assistant.” Punctuation was removed from abbreviations (for example, “R.N.” became “RN”) to assist with readability.

Definitions and Fees

In 485:10-1-2, definitions were added for “continuous incarceration” and “key party” in response to 2011 statute changes. These terms are used in O.S. 59 §567.8 (B.6.13) related to offenses that may result in disciplinary action. The definition for “core skills” was revised to delete reference to the Advanced Unlicensed Assistant (AUA) Advisory Committee as this committee was removed from statutes in 2011.

The temporary recognition status for APRNs was deleted from statutes in 2011; thus, the fee was deleted in 485:10-1-3. A reference to an effective date that is now in the past was deleted for survey visits. Clarifying language is added for supervisory physician change requests

Revisions to Licensure and Certificate Requirements

In 485:10-7-1 and 485:10-9-1, The minimum age of eighteen (18) for licensure by examination for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) was added to incorporate 2011 statute changes. This same language was added to 485:10-7-2 and 485:10-9-2 to address licensure by endorsement for RNs and LPNs. Also in 485:10-7-2 and 485:10-9-2, reference to effective dates for requirements for continuing qualifications for practice was deleted, as these dates have passed. Clarifying language was added to sections related to endorsement of RNs and LPNs educated outside the United States; requirements for English language testing were revised to reflect currently available tests.

Requirements for reports from the Commission on Graduates of Foreign Nursing Schools were revised to reflect current titles of available reports. The requirements for temporary licenses were revised to reflect that criminal background fingerprint images must be submitted prior to receiving a temporary license (the temporary license can be issued pending receipt of criminal background check results). References to effective dates that are in the past for requirements for continuing qualifications for practice were also deleted from 485:10-7-4, 485:10-7-5, 485:10-9-4, and 485:10-9-5.

A new section was added (485:10-8-1) to address requirements for criminal background checks for licensure/certification. Statute revisions for 2011 included federal criminal background check requirements on initial applications. Requirements to implement federal criminal background checks for applicants for initial licensure and certification and for applicants for endorsement of licensure were added in this section to implement the statutory revisions.

In 485:10-10-2, references to the AUA Advisory Committee (“the working committee”) were deleted as this committee was removed from statutes in 2011. In 485:10-10-7, clarifying language regarding the AUA training program was added to address requirements for certification as an AUA. The minimum age of eighteen (18) for AUA certification was added to incorporate 2011 statute revisions. The requirement for notarization of the AUA application was deleted to allow online application submission.

Revisions to Disciplinary Proceedings

In 485:10-11-1, revisions to the section on denial, revocation, or suspension of a license or certificate included clarifying language specific to disciplinary action and aligning language in the Rules to the 2011 statute changes. Behaviors defined as unprofessional were added to include acts recently addressed in the 2011 statute changes. In 485:10-11-2, changes related to Board hearings included the addition of timelines for continuance requests, discovery, and pre-hearing motions to allow time for review prior to the case hearing. This section also addresses subpoenas, providing clarifying language related to subpoena requests and delivery, and aligning the Rules to the statute change prescribing the agency to issue the subpoenas. Clarification was added related to the Board's ability to take emergency action with regard to a license. Changes for 485:10-11-3 added clarifying language specifying that should the Board not accept the recommendation of the Informal Disposition Panel, a case will be set and notice given for a hearing before the full Board.

APRN and Prescriptive Authority Recognition Revisions

The January 1, 2016, requirement for APRN education and certification in one of six specialty areas (population foci) was added to 485:10-15-4 to align the Rules to 2011 statute revisions. Language regarding certification was clarified to ensure that the certification is consistent with APRN educational preparation. In addition, the process for adding new certifications was clarified. Statute revisions for 2011 allow endorsement of APRN licensure from another state or territory; thus, rules were added to specify the requirements. Requirements for certification programs were moved from other sections of the Rules, and language was updated to address current national standards for APRN certification programs. Statute revisions for 2011 deleted the ability to obtain APRN temporary recognition prior to achieving certification, thus rules related to temporary recognition were deleted from 485:10-14-4.1. Requirements for continuing qualifications for practice as an APRN were added to 485:10-15-5.

To incorporate 2011 statute revisions, a requirement for Certified Nurse Practitioners (CNPs) to hold graduate-level education and certification in an approved specialty area (population focus) was added to 485:10-15-6, effective January 1, 2016. Requirements for national certification for CNPs and other APRNs were moved to 485:10-15-4. In 485:10-15-7, requirements for educational preparation as a Clinical Nurse Specialist (CNS) were revised to delete outdated language and incorporate 2011 statute revisions. Requirements for national certification were moved to 485:10-15-4. Requirements for educational preparation of Certified Nurse-Midwives (CNMs) were revised in 485:10-15-8 to incorporate 2011 statute revisions. A requirement for enrollment by the CNM in a current cycle of Continuing Competency Assessment or Certificate Maintenance Program was deleted, as requirements for recertification by the American Midwifery Certification Board have been revised to ensure that all CNMs participate in continuing competency activities. Certain information was deleted from this section, as it is now duplicative of other revised sections of the Rules. In 485:10-15-9, requirements for educational preparation of Certified Registered Nurse Anesthetists (CRNAs) were revised to incorporate 2011 statute revisions. Other language in this section was revised to provide consistency with other sections of the Rules.

A new section was added (485:10-15.9.1) to establish requirements for approval of advanced practice education programs, consistent with 2011 statute revisions. Requirements for establishment of a new advanced practice education program and requirements for reports to the Board were also outlined in this section. These requirements will take effect on January 1, 2016.

In 485:10-16-3, the rule language related to requirements for prescriptive authority recognition was revised to provide consistency with the definition of a "course in pharmacotherapeutic management" in 485:10-16-1. In addition, language was added to end a current exception to the requirements for prescriptive authority recognition for Clinical Nurse Specialists on January 1, 2016, in order to align the Rules to 2011 statute revisions.

Current language related to renewal of prescriptive authority recognition was clarified in 485:10-16-6 to reflect that continuing education hours used for renewal of prescriptive authority recognition must be applicable to the specialty certification. In 485:10-16-7, requirements for reinstatement and inactive status were clarified.

In 485:10-18-2, requirements for initial application for CRNA authority to select, order, obtain, and administer drugs were revised to allow a recent graduate of a CRNA educational program to use academic hours to meet educational requirements. CRNAs who have graduated more than two years ago may continue to use continuing education hours to meet the educational requirements for authority to select, order, obtain, and administer drugs. A requirement for professional liability insurance was deleted to be consistent with 2011 statute revisions to the Oklahoma Nursing Practice Act

Summary

All licensees and certificate holders are responsible for maintaining current knowledge of requirements in the Oklahoma Nursing Practice Act and Rules of the Oklahoma Board of Nursing. The revised **Rules** may be reviewed on the Board's website: <http://www.ok.gov/nursing/rules12.pdf>.

Reminder About Continuing Qualifications Requirements for Renewal of RN/LPN Licenses

As you read in the November 2011 and April 2012 newsletters, all licensed nurses in the state of Oklahoma must meet at least one of five continuing qualification requirement options to renew their licenses, beginning with the 2014 renewal for RNs and the 2015 renewal for LPNs. As a reminder, the options that can be used to meet the continuing qualification requirements are the following:

1. Verify employment in a position that requires an RN or LPN license with verification of at least 520 hours; **or**
2. Verify completion of at least 24 contact hours of continuing education applicable to nursing practice; **or**
3. Verify current certification in a nursing specialty area; **or**
4. Verify completion of a Board-approved refresher course; **or**
5. Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee's current level of licensure or higher.

All nurses will need to meet at least one of these requirements within the two-year renewal period prior to the license expiration date in 2014 (RNs) or 2015 (LPNs).

One of the most frequently asked questions about the continuing qualification requirements has to do with work experience. **If you are employed in a position requiring an RN or LPN license and have worked at least 520 hours during the two-year renewal period, you will have met the continuing qualification requirements.** If you are audited, you will need to request that your employer submit an *Employment Verification Form* and a copy of your job description to the Board office. If you are unsure whether your current position requires an RN or LPN license, please review your job description with your employer. Please note that positions requiring an RN or LPN license are not limited to direct patient-care positions. Many other types of positions also require an RN or LPN license, including, but not limited to, nurse educator positions, nurse administrator positions, and some quality assurance positions. If you are not employed in a position requiring an RN or LPN license, you must choose one of the other options (#2–5 in the list shown above) to meet the continuing qualification requirements.

RNs: The time to begin meeting your continuing qualification requirements is near or upon you. The two-year renewal period in which you must meet one of the continuing qualification requirement options begins on the effective date of the license you renewed in 2012. For example, if your birthday is in January, your license has an effective date of February 1, 2012, and an expiration date of January 31, 2014. Your two-year renewal period began on February 1, 2012, and will end on January 31, 2014. You will need to begin and complete your efforts to meet one of the continuing qualification requirements for the 2014 renewal during that time period.

LPNs: When you complete your renewal in 2013, the two-year renewal period in which you will need to meet at least one of the continuing qualification requirement options will begin with the effective date of your renewed license and end with the new expiration date. As an example, an LPN with a birthday in June will have an effective date of July 1, 2013, and an expiration date of June 30, 2015. Between July 1, 2013, and June 30, 2015, that LPN must meet at least one of the continuing qualification requirement options.

Please let us know if you have any questions.

Board Meeting Notice

Board Meeting Dates	Sites
Jan. 29, 30 & 31, 2013 Sept. 24, 25 & 26, 2013	Fairfield Inn & Suites 4521 SW 15th St. OKC, OK (405) 604-3223
Mar. 26, 27 & 28, 2013 May 28, 29 & 30, 2013 July 30, 31 & Aug. 1, 2013	Wyndham Garden Suites 2101 S. Meridian OKC, OK (405) 685-4000

Summary of Board Activities

During the March 2012 Board meeting, the Board:

- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
 - *Licensure Verification and Photocopying of Nursing Licenses*, #OBN-02
 - *Agency Policy on Names*, #OBN-03;
- Reviewed and accepted a report on 2011 NCLEX Pass Rates for nursing education programs approved by the Oklahoma Board of Nursing;
- Accepted survey visit report and granted three (3) years “Full Approval” status for ITT Technical Institute, Tulsa;
- Accepted survey visit report and granted five (5) years continuing “Full Approval” status for Indian Capital Technology Center, campuses in Tahlequah, Muskogee, Stilwell, and Sallisaw;
- Accepted survey visit report and granted one (1) year continuing “Full Approval” status for Platt College RN Program, Tulsa. Ordered a focus survey visit to be conducted prior to the March 2013 Board meeting to address progress made toward meeting recommendations in the full survey visit report, faculty turnover, and NCLEX pass rates; and
- Accepted recommendations of the Provider Review Committee for inclusion of applicants on the Peer Assistance Program Provider List.

During the May 2012 Board meeting, the Board:

- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
 - *Request for Inactive Status Policy*, #P-08
 - *Publishing Actions of the Oklahoma Board of Nursing*, #OBN-04
 - *CRNA Inclusionary Formulary*, #P-50A
 - *Discipline Guidelines for Oklahoma Board of Nursing*, #I-20
- Reviewed notification of closure of the Practical Nursing Program at Comanche Nation College, Lawton
- Approved curriculum change requests submitted by Francis Tuttle Technology Center, Oklahoma City; Southwestern Oklahoma State University, Weatherford; and Tri-County Technology Center, Bartlesville
- Reviewed and accepted a report on 2011 Advanced Unlicensed Assistant Certification Examination Pass Rates for Advanced Unlicensed Assistant programs approved by the Oklahoma Board of Nursing
- Reviewed and accepted recommendations of the Board's Subcommittee to Review NCLEX Pass Rate Reports regarding the following nursing education programs:
 - Autry Technology Center, Enid
 - Bacone College, Muskogee
 - East Central University, Ardmore
 - East Central University, Durant

- Eastern Oklahoma State College, Idabel
- ITT Technical Institute, Oklahoma City
- Murray State College, Tishomingo
- Northeastern A&M College, Miami
- Oklahoma Baptist University, Shawnee
- Oklahoma Christian University, Oklahoma City
- Pioneer Technology Center, Ponca City
- Platt College RN Program, Oklahoma City
- Platt College RN Program, Tulsa
- Redlands Community College, El Reno
- Southern Nazarene University, Bethany
- Western Oklahoma State College, Elk City
- Accepted survey visit report and granted five (5) years continuing “Full Approval” status for Eastern Oklahoma State College, campuses in Wilburton, Idabel, and McAlester

During the July 2012 Board meeting, the Board:

- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
 - Nursing Education Programs with Extended and Multiple Campuses Policy, #E-03
 - Nursing Education Programs Offering Non-Traditional Learning Options Guidelines, #E-08
 - Monitoring of the Moderate (Conscious) Sedation Patient by LPN Guidelines, #P-07
 - IV Medication Administration by Licensed Practical Nurses Statement, #P-12
 - Patient Assessment Guidelines, #P-14
 - Change in Status of Physician Supervising Advanced Practice Prescriptive Authority, #P-53
 - English Language Testing Scores Policy, #P-15
- Accepted applications for appointment/reappointment to a Committee or Council for the following individuals:
 - Robin Brothers, MS, RN, CNE, Reappointment to the Peer Assistance Committee
 - Terri Chapman, BSN, RN, Reappointment to the Peer Assistance Committee
 - L. Louise Prince Wall Drake, MHR, BS, RN, Reappointment to the Peer Assistance Committee
 - Shirley Garret, LPN, Reappointment to the Peer Assistance Committee
 - Johnny Johnson, Reappointment to the Peer Assistance Committee
 - Patty Gail Patten, MS, LADC, LPC, LMFT, Reappointment to the Peer Assistance Committee
 - Mary L. Scott, MHR, BSN, BA, RN, Reappointment to the Peer Assistance Committee
 - Martha Hernandez, APRN-CNS, Appointment to the Formulary Advisory Council
- Accepted survey visit reports and granted five (5) years continuing “Full Approval” status to Southwest Technology Center, Altus; Central Technology Center, Drumright and Sapulpa; and Mid-America Technology Center, Wayne
- Denied approval of the Step I application of Brown Mackie College, Oklahoma City, for a new associate degree nursing program

Updates to AORN Position Statement on RN First Assistants

Revisions to the *AORN Position Statement on RN (Registered Nurse) First Assistants* were recently approved by the AORN (Association of periOperative Registered Nurses) Board of Directors. The updated position statement, along with other updated attachments to the ruling, has been added to the *Second Amended Declaratory Ruling* issued by the Oklahoma Board of Nursing on May 23, 2006. According to the *Second Amended Declaratory Ruling*, the role and scope of responsibilities of the Registered Nurse to perform the duties of the Registered Nurse First Assistant shall be in compliance with the current AORN Position Statement on RN First Assistants as established by the Association of periOperative Registered Nurses, and shall meet the AORN Standards for RN First Assistant Education Programs. The Registered Nurse First Assistant’s responsibility is an additional function of the Registered Nurse (RN) that requires documented didactic and clinical education and training.

The AORN recognizes the education and training of the Certified Nurse Midwife (CNM) to first assist within the scope of midwifery practice. The Certified Nurse Midwife who first assists does so under the provision of advanced practice certification and not as an RN First Assistant, in compliance with the American College of Nurse-Midwives (ACNM) Certified Nurse Midwife/Certified Midwife as First Assistant during Surgery Position Statement. To assure that Certified Nurse Midwives who serve as first assistants do so safely within the scope of midwifery practice, the ACNM requires that Certified Nurse Midwives who have not been educated and trained as first assistants prior to or during the midwifery education gain the necessary knowledge, and document the education and evaluation process.

Registered Nurse First Assistant (RNFA) education programs are designed to provide RNs and APRNs with the necessary preparation to assume the role of the RNFA during operative and other invasive procedures. There are preadmission requirements for RNFA education programs, accessible at www.aorn.org. These preadmission requirements for RNFA education programs include, but are not limited to:

- General admission requirements determined by each education institution;
- Proof of licensure to practice as an RN in the state in which the clinical internship will be taken;
- Verification of certification met for one of the following:
- CNOR or CNOR eligible (if the student is not certified at the time of admission, certification must be submitted before program completion); or
- Board certified or Board eligible as an Advance Practice Registered Nurse (APRN). Assessment of clinical skills and knowledge of surgical care completed by program instructor for APRNs without experience in intraoperative patient care.
- Cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS) certification (required); Advanced Cardiac Life Support (ACLS) **certification** (preferred); and
- Letters of recommendation attesting to years of experience as an RN and to knowledge, judgment, and skills specific to surgical patient care.

The decision by an RN to practice as a Registered Nurse First Assistant is to be made voluntarily with an understanding of the professional accountability that the role entails. The *Oklahoma Board of Nursing Second Amended Declaratory Ruling* can be accessed in its entirety, with the current AORN documents attached, at <http://www.ok.gov/nursing/rnfa.pdf>.

Electronic CDS Prescriptions

(The following article is reprinted with permission from the July 2012 Newsletter of the Oklahoma State Board of Pharmacy)

Drug Enforcement Administration (DEA) has a very specific definition of an “electronic prescription” in their regulation, which allows electronic transmission of controlled dangerous substance (CDS) prescriptions. Some important points to note:

1. A faxed CDS prescription is not an electronic prescription and must be manually signed by the prescriber before being faxed.
2. All “refill requests” for a CDS are considered “new prescriptions” and must be manually signed by the prescriber before being faxed.
3. A CDS prescription printed in the office with an electronic image of the prescriber’s signature, or a prescription sent by e-mail or on a non-DEA-certified system with an electronic image of the prescriber’s signature, is not an electronic prescription. The prescriptions must be manually signed by the practitioner.
4. A pharmacist must call the prescriber and create a verbal order for unsigned prescriptions received in the situations noted in No. 3 above.

As of June 1, 2012, the [Pharmacy] Board is not aware of any software systems available in Oklahoma that are approved by DEA for transmission of CDS prescriptions. Approved systems must comply with the following DEA requirements:

1. The software program vendor must supply both the practitioner and the pharmacy a copy of the software certification if requested.
2. Prescribers must be "identity-proofed" and receive a hard token and password for the software system they are using.
3. Only the prescriber who has been issued the hard token and password may transmit prescriptions using the system. This cannot be delegated.
4. CDS prescriptions transmitted using unapproved software are not valid.

Practitioners who transmit invalid CDS prescriptions over non-DEA-certified software and pharmacies that fill these invalid prescriptions will be subject to both DEA and Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) enforcement action. DEA regulations allow a fine of up to \$25,000 per instance for each violation. Practitioners and pharmacy personnel should review CFR 1306.21 for more information.

Summary of Nursing Education Program Annual Statistics

In Fiscal Year (FY) 2012, there were a total of 64 nursing education programs operating on 104 campuses in the State of Oklahoma. Of these, 13 programs operating on 21 campuses offered a bachelor's degree (BSN); 21 programs on 35 campuses offered an associate degree (ADN); and 30 programs on 48 campuses offered a practical nursing (PN) certificate. One practical nursing program closed during FY 2012.

The percentage of full-time faculty holding a master's degree or higher in nursing in FY 2012 was 89.97% for BSN programs, 80.4% for ADN programs and 52.2% for PN programs. The percentage of BSN faculty and ADN faculty holding a master's degree in nursing or higher has dropped over the past five years. However, the number of full-time faculty holding a master's degree in nursing increased in PN programs by almost 39% over the past five years. The increased number of graduate programs in nursing, online access, increased funding, and accreditation requirements have impacted the availability of master's prepared nurses.

Admissions to nursing education programs have risen 3.6% over the past five years. Admissions to ADN programs increased by 10% and PN programs have increased approximately 4%; however, BSN admissions decreased approximately 8% over the past five years after showing significant increases in the previous five years. There were a total of 5,723 students admitted to nursing programs in FY 2012.

Graduates from Oklahoma nursing programs have decreased by approximately 2% over the past five years, mainly due to the 10% decline in practical nursing graduates. The graduates from BSN programs increased approximately 6% and ADN graduates increased by 1% over the past five years. There were a total of 3,218 graduates from nursing education program in FY 2012. The mean completion rate for FY 2012 in BSN programs was 79%, ADN programs 68.8%, and PN programs 74%.

The percentage of male students enrolled in nursing education programs has increased by approximately 4% in BSN programs, and 2% each in ADN and PN programs over the past five years. The percentage of male students is highest in BSN programs with 13.7%, followed by 13% in ADN programs and 10.2% in PN programs. The average age of students decreased from 28 to 24.5 in BSN programs, increased from age 30.9 to 31 in ADN programs, and decreased from 30 to 29 in PN programs over the past five years.

Data submitted by nursing education programs on their annual reports to the Oklahoma Board of Nursing is often used for nursing workforce planning in the State of Oklahoma. Administrators and faculty members from Oklahoma nursing education programs have been active participants in statewide efforts to ensure that Oklahoma continues to maintain an adequate nursing workforce in the years to come.

New Board Members Appointed by Governor

Governor Mary Fallin recently appointed two new members to the Oklahoma Board of Nursing. They are Lynda (Lynn) Korvick, PhD, RN, CNE; and E. Sandi Hinds, LPN, MBEC. The new Board members take the places of Francene Weatherby, PhD, RN, and Linda Coyer, LPN, who completed their terms of appointment. The Board extends its appreciation to Dr. Weatherby and Ms. Coyer. The hard work of Board members who volunteer their time is instrumental in ensuring the safety of the citizens of Oklahoma.



Lynn Korvick has served the State of Oklahoma as a Registered Nurse for the past 20 years. Until recently, Dr. Korvick was the Chair of Graduate Education at Oklahoma City University (OCU). She started at OCU in 2005, working her way from faculty member to Chair of Graduate Education in 2011. Dr. Korvick recently relocated to northeastern Oklahoma, where she currently serves as a clinical adjunct professor at Northeastern Oklahoma A&M College in Miami. Dr. Korvick has held multiple positions in the State of Oklahoma, including a position as a staff nurse at Oklahoma Medical Hospital, now the University of Oklahoma Health Science Center. She worked as a staff nurse and as a faculty

member in the Women's Health Division, specifically in Labor and Delivery from 1994–1997. In 1994, she began teaching at Rose State College, where she was a full-time faculty member until 1999. She then moved into the Director of Nursing position there, holding that position until 2002. She took a brief time-out from full-time employment to spend with her family from 2002 to 2004, while continuing to work as an adjunct faculty member for several nursing education programs. Dr. Korvick holds a doctor of philosophy degree from Oklahoma State University, a master of science degree from the University of Oklahoma, and a bachelor of science degree from Ball State University. Dr. Korvick says that she is thrilled to be a part of the Oklahoma Board of Nursing and is honored to be appointed by Governor Fallin.



E. Sandi Hinds, LPN, MBEC, has served as a financial consultant at Integris Baptist Medical Center Burn Center since 2007, with a focus on compliance with healthcare regulations as they relate to burn and wound care, infusion therapy, and enterostomal therapy. Prior to taking her current position, Ms. Hinds served as Nurse Compliance Specialist at Integris Baptist Medical Center, focusing on compliance with federal healthcare regulations, including HIPAA. Ms. Hinds has been an LPN in the State of Oklahoma since 1977, serving in a variety of practical nursing positions over the years, including staff positions on medical-surgical, pediatric, and neonate units at Integris Baptist Medical Center, Children's Hospital, and St. Anthony's Hospital. Ms. Hinds received her certificate in practical nursing from Mid-Del Vocational School of Practical Nursing. She later obtained a bachelor of science in leadership and a master's degree in ministry from Southwestern Christian University. In 2011, Ms. Hinds earned a master's in business ethics and compliance from the New England College of Business and Finance.

We welcome these individuals to the Oklahoma Board of Nursing!

Changes to Guidelines

To assist Registered Nurses and Licensed Practical Nurses in engaging in safe nursing practices, the Oklahoma Board of Nursing has developed guidelines to address specified nursing-care situations. These guidelines are routinely reviewed at least every three years to ensure that they remain current. Recent changes have been made to the following Board guidelines. Revisions are grammatical and minor with no substantive changes.

- ***Monitoring of the Moderate (Conscious) Sedation Patient by Licensed Practical Nurse, #P-07***

The purpose of this guideline is to guide the role of the LPN in monitoring the patient receiving moderate sedation. This guideline is accessible at <http://ok.gov/nursing/prac-lpnguid.pdf>.

- ***IV Medication Administration by Licensed Practical Nurses Statement, #P-12***

This guideline addresses supervision and delegation as well as training of the Licensed Practical Nurse in IV therapy. This guideline is accessible at <http://ok.gov/nursing/IVMed.pdf>.

- ***Patient Assessment Guidelines, #P-14***

This guideline identifies the roles of the Registered Nurse and the Licensed Practical Nurse in the assessment of patients. This guideline is accessible at <http://ok.gov/nursing/ptassessgl.pdf>.

- **CRNA Inclusionary Formulary, #P-50A**

The Board-approved CRNA Inclusionary Formulary lists drugs that may be ordered, selected, obtained, or administered during the **perioperative** and **perioobstetrical** periods by Certified Registered Nurse Anesthetists who have been granted authority by the Board to select, order, obtain, and administer drugs. This guideline is accessible at <http://ok.gov/nursing/prac-crnafrm.pdf>.

- **School Nurse Position Statement**

This statement describes the Board of Nursing position regarding school nurses. This guideline accessible at <http://ok.gov/nursing/schlnurse.pdf>.

NCLEX Pass Rates Available for CY 2011

In Calendar Year (CY) 2011, Oklahoma-educated first-time candidates for Registered Nurse licensure achieved an overall 86.34% NCLEX-RN pass rate. This is a slight decrease from the previous year; however, Oklahoma NCLEX-RN pass rates remain higher than they were five years ago, rising from 82.07% to 86.34%. Approximately 40% of all campuses in Oklahoma pre-licensure associate degree and baccalaureate degree nursing education programs achieved pass rates above the national average, but 31% of the programs had pass rates that were more than 10 percentage points lower than the national average. In 2011, there were 2,204 first-time Oklahoma-educated RN candidates taking the NCLEX-RN exam, which is slightly lower than the record high reached in CY 2010.

In CY 2011, Oklahoma-educated first-time candidates for Licensed Practical Nurse licensure achieved an NCLEX-PN pass rate of 88.60%. Between CY 2003 and CY 2010, Oklahoma-educated first-time NCLEX-PN candidate averages ranked consistently above the national NCLEX-PN average. In CY 2011, approximately 62% of all campuses offering practical nursing education achieved pass rates above the national average, and only 8% of the campuses averaged more than 10 percentage points lower than the national average. Oklahoma practical nursing programs ranked higher than 20 other states or jurisdictions on the NCLEX-PN exam in CY 2011. In 2011, there were 1,132 first-time Oklahoma-educated PN candidates taking the NCLEX-PN exam.

Oklahoma nursing education program NCLEX-RN and NCLEX-PN pass rate percentages per calendar year from 2002 through 2011 are available on the Board's website.

NCLEX-RN pass rates may be accessed at <http://www.ok.gov/nursing/nclexpass1.pdf>.

NCLEX-PN pass rates may be accessed at <http://www.ok.gov/nursing/nclexpass.pdf>.

Peer Assistance Program

According to the most recent National Survey on Drug Use and Health, Oklahoma is ranked number one nationally in the non-medical use of prescription pain medications in the past year for all age categories. Nurses are not immune to the abuse of prescription pain medications. In fact some experts believe being a nurse increases the risk of prescription drug abuse. Each year almost 300 nurses will participate in the Peer Assistance Program. These nurses are participating in the Program because they have abused alcohol or other drugs. The majority of these nurses have abused prescription pain medications.

Did you know that, if you are a nurse, substance abuse could lead to disciplinary action by the Board of Nursing? According to the Oklahoma Nursing Practice Act (59 O.S. §567.8 B. 4) the Board is required to impose disciplinary action upon proof the nurse is intemperate in the use of alcohol or drugs if the Board determines it does or could endanger patients. The exception to the imposition of discipline is if the nurse voluntarily enters and successfully completes the Peer Assistance Program.

More than the risk of discipline on your nursing license, substance abuse places your life at risk. According to the Oklahoma Department of Mental Health and Substance Abuse Services, the average age of death in Oklahoma is 71.7 years in the general population. This figure is significantly impacted by substance abuse. The average age of death in individuals abusing substances is **43.2 years**. Getting help for a substance abuse problem may not only save your nursing license, but it could also save your life.

If you or someone you know needs assistance, call the Peer Assistance Program. 405-525-2277. Aren't you worth it?

Notice to Licensees Submitting Online Renewals

The OBN online renewal system provides a convenient way for you to submit your renewal. However, it is essential that you protect the security of your online information. **Your PIN number, which is required for the renewal, should not be shared with anyone, even with your spouse or with support staff members at your place of employment who tell you that it is their “job” to submit the renewal for you.** You are the only person who can complete and submit your online renewal!

Change of Address

Have you had a change of address? If so, you must notify the Board office in writing within 30 days of the change. You may submit a signed and dated statement, with your license number or Social Security number, your full name, and your new address. Alternatively, you may complete your change of address on the Board's website: <http://www.ok.gov/nursing>.

**Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, Oklahoma 73106
Phone: 405-962-1800**

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