



# OKLAHOMA BOARD OF NURSING NEWSLETTER

Volume 25, Issue 2

April 2012

## PRESIDENT'S MESSAGE:

### Faces of Nurses

By Liz Michael, MS, RN

Have you ever thought about how many faces there are of nursing? When you initially think about a nurse, you may picture an individual in a white uniform or scrubs, typically working in a hospital environment, yet there are so many more faces than that. Nurses fill a vast number of roles in the health care continuum; this had never really impacted me until I began looking at the paths patients follow as they begin their health care journeys.

Consider this: A patient has a doctor's visit in a clinic setting, and the office nurse helps to set up a procedure at a local hospital. When the patient arrives to the hospital, a pre-op nurse gathers information, which is then shared with the Certified Registered Nurse Anesthetist, who provides anesthesia, and with the surgical nurse. The patient travels through to recovery, then to the patient care unit. The nurse(s) in the patient care unit may collaborate with specialty nurses (diabetic nurse educator, wound ostomy nurses, etc.) and with the case management nurse to ensure that the patient's needs are met at discharge, and that the

home health nurse caring for the patient has the resources necessary to provide optimal care for when the patient goes home. Follow-up care may include some sort of outpatient infusion or chemotherapy in addition to home health services, all provided by nurses. Finally, the patient may receive after-care from a Certified Nurse Practitioner who takes over as his or her primary care provider.

Behind the scenes, there are nursing leaders who ensure safe and effective patient care, by employing qualified competent nursing staff in their facility. They make certain that their staff are given the tools to practice according to the standards of nursing practice, and that, as advances in care or technology become available, those tools are provided along with the education and training to make changes. Working with regulatory agencies, developing effective policies and procedures, and navigating the changes in the health care industry pose huge challenges for the nurses who choose

*(Continued on page 2)*

### Inside this issue:

<i>Board Meeting Notice</i>	2
<i>Advanced Practice Registered Nurses Maintaining Prescriptive Authority</i>	3
<i>The Use of Social Media</i>	5
<i>Revised Guidelines Approved</i>	6
<i>Licensure Information Can Be Verified Online</i>	8
<i>Frequently Asked Questions Regarding New Continuing Qualifications Requirements For Renewals of RN/LPN Licenses</i>	9
<i>New Board Members Appointed by Governor</i>	10
<i>Change of Address</i>	11
<i>Summary of Board Activities</i>	12
<i>Peer Assistance Program Provides Support and Structure</i>	14
<i>Board Members</i>	15
<i>Office Staff</i>	15

*(Continued from page 1)*

leadership. These nurse leaders may no longer be at the bedside, but they advocate for the nurses who are, and for the patients in their care.

Nurses in the academic community are responsible for the education and initial training of our new nurses. They build curricula and learning experiences in order to grow and nurture the nurses of the future. These nurse educators have immense challenges due to the diverse groups of individuals they are asked to educate, the ever-changing health care environment, shrinking resources, and strict regulations and standards. The educational system makes certain that we have safe and qualified nurses to care for patients.

There are many other roles for nurses as well: Advanced Practice Registered Nurses are involved in many areas of care; nurses are in research, product development, and sales; nurses care for prisoners in our prison systems; accreditation agencies use nurses in surveyor roles; insurance agencies utilize nurses for chart audits, and the list goes on and on. The one constant is that all nurses want to ensure that patients receive the safe and competent care they deserve.

Is it any wonder that nurses are in high demand? Which face are you? Will you be in more than one role during your career? Nursing is a diverse and exciting calling. The opportunities are there; you just have to reach for them.

**BOARD MEETING NOTICE**

All Oklahoma Board of Nursing meetings are open to the public *except* those portions that may be in Executive Session. The first day of Board meetings generally begins at 5:30 p.m., with the second and third day beginning at 8:00 a.m. All actions are taken in open session. Nurses, members of other professional disciplines, students, and the public are invited to attend. Groups that plan to attend should schedule their attendance in advance with the Board office to ensure that seating is available. There is an Open Forum on the first day of each Board meeting. Anyone wishing to address the Board about a nursing issue should contact Kim Glazier, Executive Director, and request to be placed on the agenda for the Open Forum. Committee meetings are also open to the public. Please call ahead if you plan to attend, as dates, times, and locations may be changed. The committee meetings are cancelled and re-scheduled if it is determined that a quorum will not be present.

MEETING	DATE	SITES
Oklahoma Board of Nursing Generally begins 1st day—5:30 p.m. 2nd & 3rd day—8:00 a.m. Please check agenda for time.	May 22, 23, & 24, 2012 July, 24, 25, & 26, 2012 Sept. 25, 26, & 27, 2012 Nov. 6, 7, & 8, 2012	Wyndham Garden Hotel 2101 S. Meridian Oklahoma City, OK 405-685-4000
CRNA Formulary Advisory Council	April 23, 2012	Board office
Nursing Education and Practice Advisory Committee	June 18, 2012	Board office
Formulary Advisory Council	August 16, 2012	Board office
Advanced Practice Advisory Committee	August 23, 2012	Board office

## Advanced Practice Registered Nurses Maintaining Prescriptive Authority

Advanced Practice Registered Nurses (APRN) **with prescriptive authority** can order/prescribe medications (subject to an exclusionary formulary), medical supplies/treatments, and lab and/or diagnostic studies. APRNs **without prescriptive authority** who order medications, medical supplies/treatments, or lab and/or diagnostic studies are in violation of the *Oklahoma Nursing Practice Act* (ONPA), 59 O.S. Section 567.1 – 567.19.

The ONPA provides that a Certified Nurse Practitioner (CNP), a Clinical Nurse Specialist (CNS), and a Certified Nurse-Midwife (CNM) are **eligible**, in accordance with the scope of practice of the APRN, to obtain recognition as authorized by the Board to prescribe [59 O.S. Sections 567.3a, 6, 7, and 8]. To be eligible to prescribe, the CNP, CNS, or CNM must submit an application, meet certain educational requirements, and provide a written agreement with a supervising physician [OAC Section 485:10-16-1 through 6]. The APRN with prescriptive authority is not authorized to dispense drugs, but the law does allow the APRN, subject to federal regulations, to receive, sign for, and dispense professional samples to patients.

An APRN with prescriptive authority may prescribe in writing, orally or by other means of telecommunication, drugs or medical supplies which are **not listed** on the exclusionary formulary approved by the Board ([www.ok.gov/nursing/prac-exclusfrm.pdf](http://www.ok.gov/nursing/prac-exclusfrm.pdf)), which are within the scope of practice for the APRN, and that are not otherwise prohibited by law. The APRN must have a supervising physician on file with the Board **prior to** prescribing drugs or medical supplies. Changes to the written statement between the APRN and supervising physician shall be filed with the Board of Nursing **within 30 days** of the changes and shall be effective upon filing.

The APRN with prescriptive authority recognition must comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances. The APRN with

prescriptive authority will submit in writing the assigned DEA number to the Board of Nursing within fourteen (14) days of receipt. **No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the APRN with prescriptive authority.** [OAC Section 485:10-16-5]. In addition to the *Board of Nursing Rules and Regulations*, The Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) Regulation OAC Section 475.25-1-3(B) states that practitioners are required to keep readily retrievable records with respect to all controlled dangerous substances schedules III-V that they prescribe and administer. The APRN may **NOT** prescribe or administer any controlled dangerous substance for personal use, or for an immediate family member within the first two degrees of consanguinity, i.e., spouse, parents, and children (first degree) and brothers, sisters, grandchildren, and grandparents (second degree). The OBND law, specifically OAC Section 475:30-1-3, adds that the previously stated regulations shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency. APRNs may prescribe controlled dangerous substances Schedules III – V for the third degree (i.e. nieces, nephews, great grandchildren, aunts, uncles, and great grandparents) and below. Regarding refill limits for non-controlled dangerous substances, prescriptions may only be refilled as authorized by the prescriber. There shall be a maximum of one year from date of original prescription during which the prescription may be refilled. At that time, a new prescription shall be required [*State Board of Pharmacy Rules*: OAC Section 535:15-3-11(b)]. APRNs with prescriptive authority may write a prescription for a non-controlled dangerous substance for any period of time that the APRN feels is safe for that particular patient up to one (1) year.

In accordance with Board of Nursing *Rules*, OAC Section 485:10-16-8, written prescriptions must include:

- Name, title, address, and telephone number of the APRN who is prescribing;
- Name of physician supervising prescriptive authority;

(Continued on page 4)

(Continued from page 3)

- Name of the client/patient;
- Date of the prescription;
- Full name of the drug, dosage, route, and specific directions for administration;
- DEA number of APRN, if required; and
- The signature of the APRN.

Records of all prescriptions will be documented in client/patient records. As mentioned above, APRNs may prescribe medications and treatments within their specialty only if they have been granted prescriptive authority by the Board. The prescriptive authority recognition **for each specialty area** is an additional application process from advanced practice licensure.

The application for **renewal of prescriptive authority** shall be concurrent with the two-year RN licensure renewal and renewal of advanced practice recognition and shall include:

- A completed application containing such information as the Board of Nursing may prescribe and required fee;
- Documentation approved by the Board verifying a minimum of fifteen (15) contact hours, or one academic credit hour of education or the equivalent, in pharmacotherapeutics, clinical application and use of pharmacological agents in the prevention of illness and in the restoration and maintenance of health, in a program beyond basic registered nurse preparation, approved by the Board, and within the two-year period immediately preceding the effective date of application for renewal or prescriptive authority, which is applicable to the scope of practice (**This documentation requirement does not apply to individuals renewing within twenty-four (24) months of initial prescriptive authority approval**); and
- A written statement signed by the physician supervising prescriptive authority that includes

a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. Applicants for renewal who have submitted a written statement signed by the physician supervising prescriptive authority prior to renewal but within ninety (90) days of the expiration date are not required to submit another written statement for renewal [*Board of Nursing Rules*, OAC Section 485:10-16-6].

Because of the nature of Certified Registered Nurse Anesthetist (CRNA) practice, rules related to select, order, obtain, and administer (SOOA) authority are slightly different for APRNs holding CRNA licensure. For law and rules related to CRNA SOOA authority, please see the *Oklahoma Nursing Practice Act*, specifically Title 59, Section 567.3a.10; and the *Rules*, Section 485:10-18.

The *Oklahoma Nursing Practice Act* shall not be construed to affect or apply to the practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division, or agency thereof, while in the discharge of his or her official duties [*Oklahoma Nursing Practice Act*: 59 O.S. Section 567.11.5]. Therefore, if an APRN or a CRNA is employed by such facilities, the licensed APRN shall be in compliance with state law of the state in which licensure and advanced practice recognition has been granted.

Laws regarding the practices of APRNs with prescriptive authority involve several different regulatory agencies. APRNs are encouraged to read all applicable statutes, rules, and policies frequently and carefully to ensure compliance. If you have questions, please contact Jackye Ward, Associate Director for Nursing Practice, at 405-962-1800.



## The Use of Social Media

*Social media has a definite presence in society today. Nurses are no exception in joining the pattern of discussing practice realities and expressing their thoughts about their work world in these networks. A word of caution: Action can be taken on a nursing license when the nurse's use of social networking violates the Oklahoma Nursing Practice Act and Rules. The American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) have united in developing guidelines regarding social media and networking for nurses. The following news release has been prepared by the ANA and NCSBN.*



The use of social media and other electronic communication is expanding exponentially; the latest statistics indicate that there are 150 million U.S. Facebook accounts and Twitter processes more than 250 million tweets worldwide on a daily basis. Social networking can be a positive tool that fosters professional connections, enriches a nurse's knowledge base, and promotes timely communication with patients and family members. ANA and NCSBN caution nurses that they need to be aware of the potential consequences of disclosing patient-related information via social media and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality.

“Nurses must recognize that it is paramount that they maintain patient privacy and confidentiality at all times, regardless of the mechanism that is being used to transmit the message, be it social networking or a simple conversation. As licensed professionals they are legally bound to maintain the appropriate boundaries and treat patients with dignity and respect,” comments NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing.

“Social Media can be a powerful tool, one with the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “ANA hopes these principles provide a framework for all nurses to maintain professional standards in a world where communication is ever changing.”

American Nurses Association  
8515 Georgia Avenue, Suite 400  
Silver Spring, MD 20910-3492  
[www.nursingworld.org](http://www.nursingworld.org)

National Council of State Boards of Nursing  
111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277  
312-525-3600  
[www.ncsbn.org](http://www.ncsbn.org)

Do you have a question about nursing practice? Two of the many online resources available to you are the *Frequently Asked Questions* page which is found under the link for “Practice Advanced Practice”, and the *Practice News and Alerts* page, which is found under the link for “Agency Data.” Both are available on the Board's website:

[www.ok.gov/nursing](http://www.ok.gov/nursing).



## Revised Guidelines Approved

At the November 2011 Board meeting, the following revisions to established guidelines were approved:

### ***Limited Obstetric Ultrasound and Limited Ultrasound in a Reproductive Medicine Setting Examinations Performed by Registered Nurse Guidelines:***

In addition to updating terminology, the guideline has been revised to include guidelines specific to the Registered Nurse performing limited obstetric ultrasound in a reproductive medicine setting as cited in the *Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Education Guide*, 3<sup>rd</sup> Edition by the Association of Women's Health, Obstetric and Neonatal Nurses.

Revisions to the guideline included but are not limited to the following:

- Limited ultrasound in a reproductive medicine setting is defined as providing targeted rather than complete diagnostic information. It may include determination of the number of developing follicles, measurements of follicular growth, conformation of early pregnancy, or evaluation of endometrial thickness and pattern. Limited ultrasound in a reproductive medicine setting may also be used as an adjunct to ultrasound-guided procedures, such as egg retrieval, or cyst or follicular aspiration.
- Ideally, before a limited ultrasound examination is performed in a reproductive medicine setting, the woman should have had a comprehensive pelvic ultrasound examination within the preceding six months to exclude gynecologic pathology.

The Registered Nurse performing limited ultrasound in a reproductive medicine setting must have:

- Training beyond basic nursing preparation in the performing of limited ultrasound in a reproductive medicine setting. This training shall include a minimum of eight (8) hours of didac-

tic instruction and clinical practicum in the nursing competencies for limited ultrasound in a reproductive medicine setting as defined by Association of Women's Health, Obstetric and Neonatal Nurses in its 2010 *Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Educational Guide*;

- Demonstration of the acquired knowledge of limited ultrasound in a reproductive medicine setting including physics and instrumentation, technical components of a uterine survey to evaluate the response of a woman to gonadotropin therapy; and
- Skills to obtain a clear image and interpret all components of the examination performed. If the study is technically difficult, abnormalities are noted, or the information gained is not conclusive, consultation with the primary care provider is recommended.

Prior to presentation to the Board of Nursing for approval, the guideline was reviewed and approved by the Nursing Education and Nursing Practice Advisory Committee. The guideline can be reviewed in its entirety at <http://www.ok.gov/nursing/rnultra.pdf>.

### ***Wound Debridement by Licensed Nurses Guidelines:***

Updated definitions include but are not limited to the following:

- Conservative sharp wound debridement is the removal of loose avascular tissue that is not aggressive enough to harm viable tissue and does not result in blood loss.
- Aggressive sharp wound debridement is the removal of necrotic tissue and its attached bacterial burden with or without pain or bleeding.

*(Continued on page 7)*

In addition to updating definitions, qualifications and training were updated for Licensed Practical Nurses and Registered Nurses:

- Licensed Practical Nurses (LPNs) may assist with conservative sharp wound debridement only if they have advanced education and training in the wound debridement process and are under the direct supervision of a Registered Nurse or physician competent in conservative sharp debridement. LPNs performing conservative sharp wound debridement are restricted to scissors only.
- Conservative sharp wound debridement may be provided by only those Registered Nurses with advanced preparation in the wound debridement processes.

Qualifications for the Advanced Practice Registered Nurses were added to the guideline in the following statement: “Aggressive Sharp Wound debridement may only be performed by an Advanced Practice Registered Nurse with advanced preparation in the wound debridement process.”

In providing wound debridement, licensed nurses may intervene based upon orders or institutional protocols prescribed by those authorized by state law to so prescribe. Initial and continued competencies added to the previously listed skills include skin and tissue anatomy and physiology and skill

competency validation.

Prior to presentation to the Board of Nursing for approval, the guideline was reviewed and approved by the Nursing Education and Nursing Practice Advisory Committee. The guideline can be viewed in its entirety at <http://www.ok.gov/nursing/prac-wnbrd.pdf>.

### ***Exclusionary Formulary for Advanced Practice Registered Nurses with Prescriptive Authority:***

Revisions to the *Exclusionary Formulary* include but are not limited to:

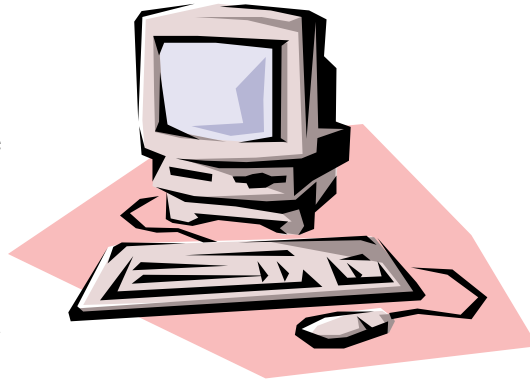
- Reformatting the policy narrative to clarify, prior to the formulary, the purpose of the *Exclusionary Formulary*;
- Combining volatile and gases into one subcategory, Inhalation Anesthetics, as reflected in the current reference of the *American Society of Health-System Pharmacist American Hospital Formulary Service (AHFS) Drug Information Manual 2011*; and
- Adding one drug, Fospropofol (Lusedra), to the list of drugs that Advanced Practice Nurses **cannot prescribe**.

Prior to presentation to the Board of Nursing for approval, the guideline was reviewed and approved by the Formulary Advisory Council. The guideline can be accessed at <http://www.ok.gov/nursing/pracexclusfrm.pdf>.



## Licensure Information Can Be Verified Online

Nursing licensure information can be verified online, using the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link for "License Verification" to access the verification system. By using the online license verification system, an individual can verify license type, license number, current license status, original issue date of the license, expiration date, and the city and state in which the licensee resides. Further, an individual can verify whether the Registered Nurse holds or has held an additional license as an Advanced Practice Registered Nurse (APRN). By selecting the link "APRN/RX," the current APRN status can be verified, as well as verifying whether the APRN holds current prescriptive authority recognition. In addition, the supervising physician(s) for the APRN with current prescriptive authority recognition are displayed.



Verify licensure online

As reported in the November 2011 newsletter, the Board's disciplinary orders are also provided online dating back to January 2009. Board Orders are usually posted within two (2) months of the nurse's administrative hearing. To access discipline, go to the Board's website and click on "License Verification." There will be a "Y" under "Discipline since 1/09" if there has been discipline. Click on the "Y" to review and/or print the discipline. For certified copies of the discipline or for discipline prior to January 2009, an Open Records Request will need to be sub-

mitted to the Board. You may obtain the appropriate form on the Board's website on the following link: [www.ok.gov/nursing/writverify.pdf](http://www.ok.gov/nursing/writverify.pdf).

Each night, the website is updated to ensure that it reflects all license actions entered on the previous day. By using the license verification system, current information on the license status can be obtained. Online verification of license status is considered verification directly from the Oklahoma Board of Nursing. The website is electronically secure, and the information on the site is from the Board's licensure database.

Each licensee is encouraged to take the time to verify the online license information. For questions regarding the information on the website, please contact the Board office at (405) 962-1800. For further information on the Board's Privacy Policy, please go to the website and click on "Privacy Policy" on the home page.

Please remember that all nurses are required to notify the Board in writing of any change of address within 30 days of the change [485:10-7-9, 485:10-9-9]. The address can be changed online, by clicking on the link to "Change Address," or the licensee may mail a written notification of the address change.

### 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!



## Frequently Asked Questions Regarding New Continuing Qualifications Requirements For Renewals of RN/LPN Licenses

Beginning January 1, 2014, all Registered Nurses and Licensed Practical Nurses licensed in the State of Oklahoma must meet continuing qualifications requirements for renewal, by completing one of the following options within the two (2) years prior to the date of expiration of the license:

**Option 1:** Verify employment in a position that requires a registered/practical nurse license with verification of at least 520 hours; **or**

**Option 2:** Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice; **or**

**Option 3:** Verify current certification in a nursing specialty area; **or**

**Option 4:** Verify completion of a Board-approved refresher course; **or**

**Option 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.

The following are frequently asked questions that have been received in the Board office regarding the new continuing qualifications for practice requirements.

**Q: I don't work in a clinical position, but my job requires me to hold a nursing license. Will this meet the requirements?**

**A:** If your job requires you to use your nursing knowledge and the job description states a RN/LPN license is required, then you will meet the requirements. If you are audited, your employer will need to complete an *Employment Verification Form* for submission to the Board office with a copy of your job description.

**Q: I'm not currently working. What kind of contact hours can be used to meet the requirement, and where can I find them?**

**A:** You may use any educational offering that is applicable to nursing practice and provides contact hours for continuing education credit. The contact hours must have been earned within the two-year period immediately preceding the expiration date of your license, beginning in 2014. For example, if you are a Registered Nurse, and your current license effective date is February 1, 2012, with an expiration date of January 31, 2014, you would need to earn 24 contact hours between February 1, 2012, and January 31, 2014, to be eligible to use this option for renewal.

There are many educational offerings that are offered for continuing education credit. Examples include nursing seminars and workshops, nursing journal articles that allow you to complete a posttest and submit it for receipt of continuing education credit, and online nursing educational offerings. You can easily identify whether the seminar, workshop, journal article, or online education is being offered for continuing education credit by reviewing the program description, as the provider will include a statement that identifies the target audience, the number of continuing education contact hours to be awarded, and the name of the approver.

**Q: I work part-time, but I will not have worked 520 hours within the two-year period. Can I combine different options to meet the requirements?**

*(Continued on page 10)*

*(Continued from page 9)*

**A:** No. You must complete either Option 1, 2, 3, 4, or 5 in its entirety.

**Q:** **What should I send in with my renewal to show that I meet the continuing qualifications for practice requirements?**

**A:** Beginning January 1, 2014, you will be asked to verify that you have met the continuing qualifications for practice requirements when you submit your renewal. You do not need to send anything

to the Board office, unless you are audited. If you are audited, you will receive written notification approximately two months before the expiration date of your license. You will then need to submit documentation as indicated in the letter, no later than the expiration date of your license. Please note that it is important that you maintain the documentation related to continuing qualifications for practice for the two-year renewal period prior to the expiration date of your license.

## New Board Members Appointed by Governor

Governor Mary Fallin recently appointed five new members to the Oklahoma Board of Nursing. They are K. Renee Collingwood, CFP; Cori Loomis, JD; April Merrill, APRN-CNS, DNP; Marilyn S. Turvey, LPN, BS; and Madonna Newcomer, RN, MSN. The new Board members take the places of June Cash, M.Ed, public member; Linda Martin, LPN; Elizabeth Schultz, APRN-CRNA; and Nettie Seale, M.Ed, RN, who completed their terms of appointment in 2011, as well as MaryJac Rauh, MPH, who resigned from the Board. The Board extends its appreciation to Ms. Cash, Ms. Martin, Ms. Schultz, Ms. Seale, and Ms. Rauh for their dedication to ensuring the safety of the citizens of Oklahoma.

K. Renee Collingwood, CFP, is the Senior Investment Executive for Western Oklahoma at MidFirst Bank in Altus, offering securities and insurance products through PrimeVest Financial Services. She is also a 14-year veteran of the U.S. Army with service in Afghanistan and Haiti. Ms. Collingwood is a graduate of Cornell University, with a Bachelor of Arts in Asian Studies. She is active in the Altus Rotary Club, is a member of the Military Affairs Committee, and serves in the Altus Chamber Ambassadors. In addition, she is a Trustee for Jackson

County Memorial Hospital and she is an honorary commander on Altus Air Force Base. Ms. Collingwood will serve as a public member of the Board.

Cori Loomis, JD, is an attorney for Crowe & Dunlevy in Oklahoma City. She is an advisory director in the Business Department and a member of the Firm's Healthcare practice group. Ms. Loomis graduated with special distinction from the University of Oklahoma, and with honors from the University of Texas School of Law. She has served as a board member on Community Health Charities, is a board member of Prevent Blindness and a member of the Church of the Servant Administrative Council, and participates in other community and charitable activities. Ms. Loomis is also a member of the American Health Lawyers Association. She will serve as a public member of the Board.

April Merrill, APRN-CNS, DNP, is the Deputy Director of the Joanna Briggs Institute of Oklahoma at Integris Baptist Medical Center in Oklahoma City. Ms. Merrill is a graduate of the University of Oklahoma, where she earned her Bachelor of Science and Master of Science in Nursing. In 2011, she earned her Doc-

*(Continued on page 11)*

*(Continued from page 10)*

torate of Nursing Practice degree from Texas Christian University. Ms. Merrill is certified in Acute and Critical Care Nursing for Adults through the American Association of Critical-Care Nurses. She has served as “Nurse of the Day” at the Oklahoma State Capitol, assists with the Integris Free Clinic, and serves as a Diabetes Care Advisory Council Member for The Joint Commission. Ms. Merrill is the Advanced Practice Registered Nurse representative on the Board.

Madonna Newcomer, RN, MSN, NE-BC, is the Director of Medical and Surgical Nursing at Saint Francis Hospital in Tulsa. She has had a variety of experiences in medical-surgical nursing and nursing administration. Ms. Newcomer received her Bachelor of Science and Master of Science degree in Nursing at Southeast Missouri State University in Cape Girardeau, MO. She is certified in Nursing Administration through the American Nurses Credentialing Center, and has been active in the American Association of Nurse Executives and the American Nurses Association. Ms. Newcomer represents nursing administration/management on the Board.

Marilyn Turvey, LPN, BS, is a Health Careers Certifications Instructor at Kiamichi Technology Center in McAlester, where she has been employed since 1993. Ms. Turvey obtained her LPN certificate at Tri-County Technology Center in Bartlesville, and later completed a Bachelor of Science degree in Health Occupations Education from the University of Central Oklahoma. In 2007, Ms. Turvey completed requirements as a National Board Certified Teacher. She is a past president of the Oklahoma Health Occupations Education Teachers Association and remains active in the Association, as well as being active in the McAlester Chamber of Commerce and in numerous other charitable and community activities. Ms. Turvey serves as a Licensed Practical Nurse representative on the Board.

Together, these five individuals bring more than 100 years of work experience to the Board! We welcome them to their new roles.

**\*CHANGE OF ADDRESS\***

Please Mail To: Oklahoma Board of Nursing  
2915 N. Classen Blvd., Ste. 524  
Oklahoma City, OK 73106

I need to report my change of address to the Oklahoma Board of Nursing.  
Address changes may also be made on the Board’s website: [www.ok.gov/nursing](http://www.ok.gov/nursing).

License Number \_\_\_\_\_ (Or) Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_ Signature (\*required) \_\_\_\_\_

New Address \_\_\_\_\_

Old Address \_\_\_\_\_

*\* In accordance with OAC 485:10-7-9 & 485:10-9-9 it is the legal duty of a licensed nurse to notify the Oklahoma Board of Nursing of a change of address in writing within 30 days of the change.*

## Summary of Board Activities

### During the September 2011 Board meeting, the Board:

- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
  - *Utilizing Skills Observers to Conduct AUA Skills Examinations Policy*, #E-42
  - *Formulary Advisory Council Procedure for Amending Formulary*, #P-50
  - *Continuance of Hearings Policy*, #I-01
  - *Peer Assistance Program Admission Criteria Guidelines*, #PA-01
  - *Return to Work Criteria*, #PA-16
- Approved applications for an appointment or reappointment to the Peer Assistance Committee from the following individuals:
  - Jenny Barnhouse, MS, RN, CNE
  - Pam Price-Hoskins, Ph.D, RN
  - Debra Stoll, RN
  - Suzanne Cannon, MHR, LADC, LPC
- Accepted follow-up reports from the following nursing education programs:
  - Eastern Oklahoma State College, Idabel
  - Meridian Technology Center, Stillwater
- Reviewed and accepted annual reports submitted by Oklahoma Board of Nursing-approved nursing education programs.

### During the November 2011 Board meeting, the Board:

- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
  - *Exclusionary Formulary for Advanced Practice Nurses with Prescriptive Authority*, #P-50B
  - *Successful Completion of the Peer Assistance Program Guidelines*, #PA-13
  - *Limited Obstetric Ultrasound Examinations by Registered Nurse Guidelines*, #P-13
  - *Wound Debridement by Licensed Nurses Guidelines*, #P-05
  - *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing*, #P-52A, and *National Certified Bodies and Non-APN Certification Examinations Approved by the Oklahoma Board of Nursing*, #P-52B
  - *Peer Assistance Program Counselor Qualification Approval Criteria*, #PA-05
  - *Peer Assistance Program Evaluator Qualification Approval Criteria*, #PA-18
  - *Medical Care/Medications Guidelines*, #PA-12
  - *Counselor Qualification Approval Criteria*, #I-11

(Continued on page 13)

(Continued from page 12)

- *Counselor Qualification Approval Criteria for Treatment Not Including Chemical Dependency, #I-10*
- Approved new guidelines, entitled *Change in Status of Physician Supervising Advanced Practice Prescriptive Authority, #P-53*.
- Approved curriculum change requests submitted by Red River Technology Center, Duncan; and by Wes Watkins Technology Center, Wetumka.
- Placed Bacone College, Muskogee, on “Conditional Approval” status, effective February 1, 2012, citing deficiencies in meeting specified educational standards in the *Rules of the Oklahoma Board of Nursing*. Program must meet conditions.

#### **During the January 2012 Board meeting, the Board:**

- Adopted proposed rules with revisions. Directed Board staff to move forward with the rulemaking process.
- Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
  - *School Nurse Position Statement*
  - *Peer Assistance Program Counselor Qualification Approval Criteria, #PA-05*
  - *Peer Assistance Program Evaluation Criteria, #PA-06*
  - *Peer Assistance Program Nurse Support Group Approval Criteria, #PA-07*
  - *Peer Assistance Program Support Group Participation Guidelines, #PA-08*
  - *Peer Assistance Program Evaluator Qualification Approval Criteria, #PA-18*
  - *Peer Assistance Program Relapse Guidelines, #PA-19*
  - *Counselor Qualification Approval Criteria, #I-11*
  - *Evaluation Criteria Investigation Division, #I-13*
  - *Nurse Support Group Approval Criteria Investigation Division, #I-14*
  - *Support Group Participation Guidelines, #I-15*
  - *Evaluator Qualification Approval Criteria Investigation Division, #I-21*
  - *Designation as a Board Approved Provider Procedure, #OBN-05*
- Approved a curriculum change request from Northeast Technology Center, Afton campus
- Accepted survey visit reports and granted five (5) years continuing “Full Approval” status to the following programs:
  - Murray State College, Tishomingo and Internet-based campuses
  - Langston University, Langston and Tulsa campuses
  - Moore Norman Technology Center, Norman
  - Northeastern Oklahoma A&M College, Miami and Grove campuses
- Reviewed report received from Platt College RN Program, Oklahoma City. Placed program on “Conditional Approval” status, citing deficiencies in meeting specified educational standards in the *Rules of the Oklahoma Board of Nursing*. Program must meet conditions.



## PEER ASSISTANCE PROGRAM PROVIDES SUPPORT AND STRUCTURE

Nurses understand the importance of care planning. It begins with the first patient contact and is the road map back to optimum health. Unfortunately, patients return because of failure to follow the map. At Peer Assistance, we try to help our clients follow that map into solid recovery even when they are tempted to go in another direction or stop altogether. This is done by providing structure and accountability.

Nurses with substance abuse problems enter into a monitoring contract with the program for a period of two to five years. The actual length of monitoring will depend on the nurse meeting the program's Successful Completion Criteria. These criteria include demonstration of 24 consecutive months of sobriety evidenced by appropriate body fluid testing and behaviors consistent with recovery, a minimum period of supervised practice, and compliance with the contract. As the conclusion of the contract approaches, the nurses are asked to address their stability in recovery and plans for continuation of their sobriety without the external structure of the program. The following excerpt is from a statement written by a nurse who successfully completed the program:

"Today, I am very grateful that I was caught diverting and that Peer Assistance exists. In the beginning when I didn't think I could stay clean, and didn't want to, the things I had to do for Peer kept me from using. Later, when I began to like the way I felt without drugs, I was grateful for the support of the Committee. Today, I am glad Peer Assistance is here. The structure and requirements were the support I needed until I was strong enough to stand on my own feet."

Individuals in early recovery need help if they are going to stay clean and sober. The Peer Assistance Program tries to provide external structure and support

while the nurse is developing his or her own internal structure and support system in the community. The nurse above chose to accept the help that was offered.

Do you or a nurse you know need help? Contact the Peer Assistance Program at (405) 525-2277. All inquiries are confidential.

### SEEKING PEER ASSISTANCE COMMITTEE MEMBERS

One of the most important components of the Peer Assistance Program is the Peer Assistance Committee ("Committee"). The Program relies on volunteer Committee members to operate. The Committee members are appointed by the Board of Nursing to three (3) year terms and donate approximately seven (7) days per year to the Program to fulfill their duties. These duties include determining whether to accept applicants into the Program, establishing the terms of the participant contract, monitoring the participant's progress in maintaining sobriety and compliance with the contract, and determining when the participant has met the criteria for successful completion or when the participant should be terminated from the Program for noncompliance or failure to progress.

If you have some expertise in substance use disorders and would like to be considered for appointment to the Committee, please contact:

Laura Clarkson, RN, CARN  
Peer Assistance Program Coordinator  
2901 N. Classen Blvd. Suite 101  
Oklahoma City, OK 73106  
(405) 525-2277

### OKLAHOMA BOARD OF NURSING MEMBERS

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### OFFICE STAFF

Kim Glazier, RN, M.Ed	Executive Director
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