



# RN UPDATE

A Quarterly Publication of the Board of Nurse Examiners for the State of Texas



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## Governor Makes Appointments to Board of Nurse Examiners

Governor George W. Bush has appointed two new members to the Board of Nurse Examiners to replace Roselyn Holloway, MSN, RN, and Doris Price-Nealy, MSN, RN. Ms. Holloway and Ms. Price-Nealy completed their six year terms in January but continued to serve until the Governor's new appointments were made in April. The Governor also reappointed Marcelo Laijas to fill the vacant consumer position. In February of 1997, Mr. Laijas was appointed to complete the remainder of Mr. Robert Provan's term which expired in January, 1999. Replacing the out-going members are Dr. Linda Rounds and Ms. Sue McGee.

**Linda Rounds, PhD, RN**, of Galveston is an associate professor and coordinator of the School of Nursing Gerontological Nurse Practitioner Program at The University of Texas Medical Branch at Galveston. She directed the Nursing School's Primary Care Nurse Practitioner Program for 13 years. She is a member of the American and Texas Nurses Associations, the National Organization of Nurse Practitioner Faculties and Texas Nurse Practitioners. She has served on the Advanced Practice Advisory Committee (APNAC) of the Texas Board of Nurse Examiners and is a volunteer at the Oppe Primary School in Galveston. She was named Nurse Practitioner Educator of the Year by the National Organization of Nurse Practitioner Faculties in 1993. Dr. Rounds earned a bachelor's degree in nursing from Alfred University in New York, a master's in medical-surgical nursing from the University of Rochester in New York and a doctorate from the University of Texas at Austin. She represents **Advanced Practice Nursing Education** for the Board. SB 617, enacted during the 75th Texas Legislative Session, changed the composition of the Board by removing the Diploma Nursing Educator's position and replacing it with a nurse

faculty member in a graduate school preparing APNs. Elimination of the position became effective January 31, 1999 with the expiration of the Diploma Programs' position term, which was held by Roselyn Holloway.

**Sue McGee, MSN, RN**, of Amarillo is chair of the Nursing Division at Amarillo College. She also served as a professor in the Associate Degree Nursing Department at Amarillo College and director of the Amarillo Nursing Resource Center. She is a member of the American and Texas Nurses Associations, the National and Texas Organizations for Associate Degree Nursing and the Texas Organization of Nurse Executives. In addition, she belongs to the National Council of Instructional Administrators and the Texas Association of College Technical Educators. She is a member of the board of the Amarillo Pregnancy Crisis Intervention Center and serves as a health education consultant for Buckners Children's Home. She is also a member of the Harrington Supportive Care Consortium. McGee earned a bachelor's degree in nursing from West Texas State University and a master's in nursing from the University of Texas at Austin. She replaces Doris Price-Nealy in representing **Associate Degree Nursing** programs for the Board.

Ms. McGee, Dr. Rounds, and Mr. Laijas were confirmed in the Senate on May 17, 1999, and their terms continue through January 31, 2005.

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## A Word from the Executive Director



**Kathy Thomas, MN, RN**

### The Nurse Licensure Compact Bill Passes

During the 76th Legislative session, House Bill 1342, authored by Representative Glen Maxey, passed. This bill contained the Nurse Licensure Compact, an agreement between states to recognize each other's licensees by requiring licensure in the state of residence and granting a multistate privilege to practice in other participating states. It is based on a regulatory model developed by the National Council of State Boards of Nursing (NCSBN) called Mutual Recognition. NCSBN is a national organization which represents state boards of nursing. Approximately four years ago the Council realized that changes in practice and regulation called for a new look at the current regulatory system. An extensive study of options led to the development of this model.

The Compact facilitates interstate practice, recognizing that practice by telecommunications and mobility of nurses have resulted in increased nursing practice across state lines. It also gives boards of nursing the authority to take disciplinary action against nurses from other participating states who cause harm or risk of harm to the citizens of Texas. Mutual Recognition brings regulation into the 21st century while maintaining a state based licensure system.

The bill amends both the Nursing Practice Act for Registered Nurses and the Licensed Vocational Nurse Act. It requires that the boards participate in a Compact Evaluation Initiative, a study of the effectiveness and operability of the Compact. This study will be completed in 2004 and a report provided to the Legislature in 2005.

The states of Utah, Arkansas, and Maryland have also passed the Nurse Licensure Compact. Bills in North Carolina and Wisconsin are pending through their summer legislative sessions. Several other states plan to introduce legislation in the year 2000.

House Bill 1342 was signed by the Governor on June 19, 1999. Rules are being developed by the states who have adopted the compact. Each state must publish them as proposed rules in compliance with their administrative procedures laws. Texas will propose rules prior to implementation. The law becomes effective on January 1, 2000.

In the October issue of *RN Update*, progress on rules and policies for implementation of the law will be reported.



### The Board of Nurse Examiners For the State of Texas

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## **Delegation to be Subject of Rule Review by BNE Appointed Task Force** *by Kim Flores, MSN, RN*

The 1997 Texas Legislature, by way of the Appropriations Act, Section 167, obligated all state agencies to review their respective rules within a specified time period. The Board of Nurse Examiners has established a time line to ensure that a systematic rule review is done. The article on page 7 of this newsletter illustrates the revisions to Rules 216 and 217 just completed.

Rule 218. Delegation of Selected Nursing Tasks by Registered Nurses to Unlicensed Personnel is now scheduled for review. The last review of this particular rule occurred in the 1992 - 1993 time frame. In the interim, since the last revision of Rule 218, the BNE has participated in a series of meetings with the Texas Department of Health (TDH), as well as other interested parties, to arrive at a Memorandum of Understanding between TDH and the BNE addressing certain tasks in personal assistance and respite situations. Recently, the Board staff has been contacted by several groups who are interested in participation in the discussion of RN delegation. Delegation by RNs has also been the subject of numerous telephone calls to the BNE by RNs, consumers, and facility representatives.

A group of members from the American Disabled for Attendant Programs Today (ADAPT) came to the BNE's April 23, 1999 meeting in Austin to discuss RN delegation. The members of ADAPT discussed concerns about what they believed were current restrictions in Rule 218. Bob Kafka, spokesman for ADAPT, explained that disabled persons are more and more living full and successful lives in the community and health care approaches are focusing on consumers moving from institutional care to home living. Mr. Kafka expressed the concern that there seems to be a reluctance of nurses to delegate based on perceived "risk" (of licensure violations) rather than actual restrictions of the law and/or rules to limit the RN's delegatory authority. The Board agrees that delegation rules were formulated to allow more, not less, discretionary power for the RN to delegate care for those individuals who are capable of directing their own care and who would be managing that care except for their disability. The intent of these rules is to facilitate the ability of individuals to live in the community rather than a more closely supervised facility.

Due to the interest in these delegation issues, the BNE at the April meeting voted to establish a task force to review the delegation rules beginning in Summer 1999. The board selected Letrice Brown, RN Board member representing Nursing Practice, to chair the task force and approved representative organizations which have been invited to participate as task force members. These organizations include the American Association of Retired Persons (AARP), ADAPT of Texas, Coalition of Texans with Disabilities, the Texas Respite Resource Network, the Texas Association of Home Care, the Texas Hospice Organization, the Texas Hospital Association, the Texas Department of Health, the Texas Department of Human Services, the Texas Department of Mental Health and Mental Retardation (MHMR), an Advanced Practice Nurse, the Texas Association of School Nurses, the Texas Nurses Association and the Texas Organization of Nurse Executives. It is anticipated that this task force will provide a wide range of interests and expertise which will be invaluable as the BNE formulates the rule revisions.

In the meantime, the BNE will continue to educate RNs through articles and workshops regarding the increasing importance of delegation in the practice of nursing. Although delegation is a discretionary option for an RN to consider, many tasks can be safely delegated if the RN is knowledgeable of the principles of delegation. Generally, the most appropriate tasks to be delegated are ones which frequently occur in activities of daily living and which do not require the unlicensed person to exercise nursing judgement. These tasks and others for which the results are predictable and the potential risk is minimal do not require the judgement and evaluation for which the RN has been prepared. The tasks listed in the delegation rules have been placed there to encourage the RN to be discretionary based upon the individuals's particular needs at the time of evaluation, rather than to restrict the RN's practice.

continued on next page



## Proposed Rules

by Cheryl Rosipal

### Proposed Amendments to Rule 213

At the April 22-23, 1999 meeting of the Board of Nurse Examiners, members authorized staff to publish proposed amendments to §213.13 concerning Complaint Investigations and Disposition, §213.28 concerning Licensure of Persons with Criminal Convictions, and §213.29 concerning Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters in the *Texas Register*. The proposed amendments were published in the May 28, 1999 issue of the *Texas Register*, with a comment period of 30 days. If no negative comments are received, the rules can be published as adopted. Once adopted, they will be available on the Board's Web page located at [www.bne.state.tx.us](http://www.bne.state.tx.us).

### FEE PAYMENT NOTIFICATION

Effective September 1, 1999, all fees received by the Board of Nurse Examiners will be nonrefundable. This includes duplicate payments, overpayments and underpayments. Please read all instructions on applications for the correct fee. It is also recommended that upon receiving your renewal, you mail it in as soon as possible and avoid any last minute delays.

### Delegation - continued from previous page

The client's health status and ability to participate in his/her care, the competency of the unlicensed person, the nature of the task delegated, and the proximity and availability of the RN are all part of the RN's decision to delegate. The upcoming rule review will provide the opportunity for RNs to become even more knowledgeable about delegation and about clients' needs and expectations. We look forward to this process.

## Committee Updates

### Laws and Regulations Committee Project Team to Begin Initial Testing in November

The Committee last met on May 19, 1999. A progress report was given of the project team who is developing the jurisprudence test items for the initial testing process which will be given to nursing students who will graduate at the end of the Fall semester. The Committee also reviewed several suggestions of methods that practicing RNs can use to demonstrate understanding of laws and regulations in their practice.

The recommendations of the committee will be sent to the Board, and will then be considered as part of the Board's report to the Legislature in 2001. The next meeting of the Committee will be determined based on the progress of the testing project team.

### New Members Appointed to Nursing Practice Advisory Committee

On April 22, 1999 the Board approved Leslie Mansolo, MSN, RN, CNS representing the Texas Department of Health and Pamela G. Sanford, RN representing the Texas League for Nursing for membership on the Nursing Practice Advisory Committee. We congratulate Ms. Mansolo and Ms. Sanford and look forward to their participation and insight on this advisory committee.



### We need you!

Access the National Council's Web site at

<http://www.ncsbn.org>

On the National Council's home page you will find a scroll-down menu. Choose "NCLEX® Examination" for information on how to get involved. Or call the National Council's Item Development Hotline at 312/787-6555, Ext. 496.



## EDUCATION REPORT

By Donna Carlin, M.S.N., R.N.



### *April 1999 Board Action*

**Based on the 1998 Annual Report, continued full accreditation with no commendations, recommendations or requirements to be met for the following nursing program:**

University of Texas Southwestern Medical Center at Dallas Women's Health Care Nurse Practitioner Program, Dallas

**Based on the 1998 Annual Report and survey visit continued the initial accreditation status with commendations, recommendations, and requirements to be met for:**

South Texas Community College, ADN, McAllen

**Based on the 1998 Annual Report, NCLEX-RN® pass rate, and survey visit, changed the accreditation status from full to warning with commendations, recommendations and requirements to be met for:**

University of Texas at Brownsville/Texas Southmost College, ADN, Brownsville

**Based on the 1998 Annual Report, NCLEX-RN® pass rate and survey visit, continued full accreditation with commendations and recommendations for:**

Vernon Regional Junior College, ADN, Vernon

**Accepted the survey visit reports and required the following nursing programs to respond to recommendations and requirements to be met with the 1999 Annual Report:**

Angelo State University, ADN, San Angelo  
 College of the Mainland, ADN, Texas City  
 Howard College, ADN, Big Spring  
 Navarro College, ADN, Corsicana

### **Program Approvals:**

- Granted initial accreditation to Prairie View A & M University College of Nursing's Family Nurse Practitioner Program with a recommendation and requirement to be met.
- Approved Paris Junior College Associate Degree Nursing Program's proposal for a distance education initiative to deliver the LVN-ADN program in Greenville with requirements to be met.

### **RECOGNITION TO NURSING EDUCATION PROGRAM WITH 100% PASS RATE ON THE NCLEX-RN® FOR 1998**

Collin County Community College, ADN, McKinney

This program was inadvertently omitted from the complete list of programs recognized for 100% pass rate in 1998 in the April, 1999 issue of *RN Update*

## One Mother's Questions About Nursing Practice

Nurses sometimes find themselves in circumstances that place them between physicians and patients or family members. In a worst case scenario, the nurse may agree with the patient or family member that the physician is inappropriately treating the patient and experience the dilemma of how to resolve the situation. Such a case was recently brought to the attention of board staff by the family of a seven year old child who was hospitalized and treated for a strep infection. The child failed to improve. She had flu-like symptoms with temperatures above 105° and her condition continued to decline over approximately a one week period. During this time her parents grew increasingly concerned. They repeatedly asked that the physician come back to the hospital to see their daughter. By the fourth day of hospitalization the fever had not subsided and the child's condition had deteriorated. The parents became progressively worried, demanding that the physician be contacted. Nursing staff contacted the physician who responded that the illness was progressing as expected and refused to come in to the hospital to see the child at that time.

By the end of the week, the child's condition had worsened significantly. She had a grand mal seizure and was transferred to another hospital where she subsequently died. After her transfer, it was discovered that the child had been bitten by a tick before she became ill. Her death was from complications of Rocky Mountain Spotted Fever.

The mother, in discussing this case with the staff, had several questions regarding the nursing care provided, but the overriding issue was how nurses, while in the midst of sometimes conflicting demands of physicians and family members, can assure patient safety and look after the health care interests of clients.

Several standards of care listed in Rule 217.11 may be appropriate in this type of situation: "(5) clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the RN makes the decision not to administer the medication or treatment; (8) implement measures to promote a safe environment for clients and others; and (12) collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care."

While it is within the defined scope of practice for the RN to "...administer medication or treatments as ordered by a licensed physician, podiatrist, or dentist..." (Article 4518, Section 5) it is also the legal obligation of the RN to assure patient safety. If the RN simply follows an order but also determines that it is not in the best interest of the patient and/or is unsafe, inadequate or ineffective, the RN's practice may be subject to examination by the Board.

RNs commonly deal with patients and family members who are very stressed and sometimes demanding. As this case illustrates, circumstances may become complicated and arduous but the obligation to these patients and family members cannot be ignored nor lost by emotional responses to a situation. The RN needs to seek assistance from those with greater authority to provide objectivity and influence to accomplish what is needed to assure safe and effective patient care.

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### HPC Offers Toll-Free Number for Complaint Forms

The Health Professions Council has a toll-free phone number for obtaining complaint forms to report inappropriate actions by Texas-licensed health professionals including Doctors, Physician Assistants, Therapists, RNs, and LVNs. That number is: **1-800-821-3205**.

## Board Adopts New Rule 216 and Revised Rule 217

At their April 22, 1999 meeting, the Board of Nurse Examiners authorized Board staff to publish Rule 216. Continuing Education, and Rule 217. Licensure, Peer Assistance, and Practice, as adopted with changes. This decision follows the publication of the proposed rules in January and consideration of responses to the proposed revisions. These two rules will become effective September 1, 1999.

Because the scope of these rules affect all RNs in their daily practice, as well as RN applicants for initial licensure in Texas, these rules are being published in their entirety in the following pages. Highlights of proposed changes and a crosswalk of Rule 217 were published in the April edition of the *RN Update* to help locate the new sections in the rule and therefore will not be repeated here. All RNs are advised to especially read portions of the revised rules related to their specific area(s) of practice. Questions regarding the changes may be sent to the Board office. The adopted rules are also available on the BNE Web Site, [www.bne.state.tx.us](http://www.bne.state.tx.us).

### Continuing Education §216

§216.1. Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

(1) Academic course - A specific set of learning experiences offered in an accredited school, college or university. Academic credit will convert on the following basis: One academic quarter hour = 10 contact hours; one academic semester hour = 15 contact hours.

(2) Advanced Practice Nurse (APN) - A professional nurse, currently licensed in the State of Texas, who is prepared for advanced nursing practice by virtue of knowledge and skills obtained in an advanced educational program of study acceptable to the board and meets requirements of Rule 221 and/or Rule 222.

(3) Approved - Recognized as having met established standards and predetermined criteria of the credentialing agencies recognized by the board. Applies to providers and programs.

(4) Audit - A random sample of licensees taken to verify satisfactory completion of the board's requirements for continuing education during a biennial license renewal period.

(5) Classroom instruction - Workshops, seminars, institutes, conferences or short-term courses which the individual attends which may be acceptable for continuing education credit.

(6) Clinical learning experiences - Faculty-planned and guided learning experiences designed to assist students to

meet the course objectives and to apply nursing knowledge and skills in the direct care of patients/clients. This includes laboratories, acute care facilities, extended care facilities, and other community resources.

(7) Contact hour - Fifty consecutive minutes of participation in a learning activity.

(8) Continuing Education (CE) - Programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice, thus improving health care to the public. Nurse refresher courses are not accepted for continuing education credit.

(9) Continuing education program - An organized educational activity designed and evaluated to meet a set of behavioral objectives which may be presented in one session or a series of sessions.

(10) Credentialing agency - An organization recognized by the board as having met nationally predetermined criteria to approve programs and providers of CE.

(11) Inservice programs - Educational activities sponsored by the employing agency to provide specific information about the work setting. Orientation or other programs which address the institution's philosophy, policies and procedures, on-the-job training; basic cardiopulmonary resuscitation; and equipment demonstration are not acceptable for continuing education credit.

(12) Institutional-based instruction - Planned programs conducted by the employing agency for the development of its nursing staff's knowledge and improvement of skills. Institutional-based instruction which qualifies under §216.3(1) of this title (relating to Type I) is acceptable for Type I credit. Type II credit may be obtained for programs which comply with §216.4 of this title (relating to Criteria for Acceptable Continuing Education Activity).

(13) Limited Prescriptive Authority - Authorization granted to an advanced practice nurse who meets the requirements to carry out or sign a prescription drug order.

(14) Orientation - A program designed to introduce employees to the philosophy, goals, policies, procedures, role expectations and physical facilities of a specific work place. This does not meet the continuing education criteria as intended by these rules.

(15) Program number - A unique number assigned to a program upon approval which shall identify it regardless of the number of times it is presented.

(16) Provider - An individual, partnership, organization, agency or institution which offers continuing education programs.

(17) Provider number - A unique number assigned to the provider upon approval by the credentialing agency or organization.

(18) Self-directed study - An educational activity wherein the learner takes the initiative and the responsibility for assessing, planning, implementing and evaluating the activity. Self-directed study may include program development, auditing of academic course, initial specialty certification, home study, programmed instruction and authorship.

(19) Type I - Programs(s) approved through an external review process based on a predetermined set of criteria. The review is conducted by an organization(s) recognized by the board to approve programs and providers.

(20) Type II - Program(s) which meet the criteria for acceptable continuing education activity but which have not undergone an external review process.

§216.2. Purpose. Continuing education in nursing includes programs beyond the basic preparation which are designed to

promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice, thus improving health care to the public. Pursuant to authority set forth in Texas Civil Statutes, Article 4518, §7, the board is establishing rules requiring participation in continuing education activities for license renewal. The procedures set forth in these rules provide a variety of means for licensees to comply with this requirement. The board assumes licensed nurses will maintain the high standards of the profession in selecting quality educational programs to fulfill the continuing education requirement. The board also assumes that providers will plan and implement quality educational programs which meet the criteria of the board.

§216.3. Requirements. Twenty contact hours of continuing education within the two years immediately preceding renewal of registration are required.

(1) Type I. Ten contact hours shall be obtained by participation in programs approved by a credentialing agency recognized by the board. The program shall meet all criteria listed in §216.4 of this title (relating to Criteria for Acceptable Continuing Education Activity). In addition, there shall be a nurse on the planning committee and target audience shall include nurses. The board recognizes agencies/organizations to approve providers and/or programs for Type I credit. A list of these agencies/organizations may be obtained from the board's office.

(2) Type II. The remaining 10 contact hours shall be obtained by participation in additional Type I programs or by participation in activities listed in §216.4 of this title.

(3) Requirements for the Advanced Practice Nurse. The licensee authorized by the Board as an advanced practice nurse (APN) is required to obtain 20 contact hours of continuing education within the previous two years of licensure.

(A) The required hours are not in addition to the requirements of (1) and (2) of this section.

(B) The 20 contact hours of continuing education must be appropriate to the advanced specialty area and role recognized by the Board.

(C) The APN who holds limited prescriptive authority must complete, in addition to the required contact hours in subparagraph (B) of this paragraph, at least 5 contact hours of continuing education in pharmacotherapeutics.

(D) Category I Continuing Medical Education (CME) contact hours will meet requirements for Type I contact hours as described in this chapter.

§216.4. Criteria for Acceptable Continuing Education Activity. The following criteria have been established to guide the licensed nurse in selecting appropriate programs and to guide the provider in planning and presenting continuing education programs. Activities which may meet these criteria include: classroom instruction, individualized instruction, academic courses, self-directed study, and institutional-based instruction.

(1) Length. The program shall be at least one contact hour (50 consecutive minutes) in length.

(2) Learner objectives.

(A) Objectives shall be written and shall be the basis for determining content, learning experience, teaching methodologies, and evaluation.

(B) Objectives shall be specific, attainable, measurable, and describe expected outcomes of the learner.

(3) Target audience. The target audience for the program is identified.

(4) Planned program. There shall be evidence of program planning based on needs of potential target audience.

(5) Content.

(A) The content shall be relevant to nursing practice and/or health care and provide for the professional growth of the licensee.

(B) Content is related to and consistent with the program objectives.

(6) Instructor qualification.

(A) There shall be documentation of the instructor's expertise in the content area. The instructor should apply principles of adult learning.

(B) If the program includes a clinical nursing component, a licensed nurse with expertise in that specific component shall provide supervision with a ratio of no more than 12 participants to one faculty.

(C) If the program includes a clinical component other than nursing, an instructor possessing the appropriate credentials of the discipline shall provide supervision.

(7) Teaching methods.

(A) Learning experiences and teaching methods shall be appropriate to achieve the objectives of the program.

(B) Principles of adult education shall be used in the design of the program.

(C) Time allotted for each activity shall be sufficient for the learner to meet the objectives of the program.

(D) A schedule of the program shall be provided which describes content with corresponding time frames.

(E) Facilities and educational resources shall be adequate to implement the program.

(8) Evaluation.

(A) Participants shall complete a written evaluation of the:

(i) teaching expertise of each instructor;

(ii) learner's achievement of objectives;

(iii) relevance of objectives to overall purpose/goal of activity;

(iv) effectiveness of teaching strategies; and

(v) appropriateness of physical facilities and educational resources.

(B) If participation is in an academic course or other program in which grades are granted, a grade equivalent to "C" or better shall be required, or "Pass" on a Pass/Fail grading system.

(9) Records.

(A) Records of programs shall be kept by the provider for a minimum period of four years from the date of completion.

(B) Records shall include target audience, program planning materials, content, objectives, outline of instructor qualifications, teaching strategies and materials, evaluation tools and summary and a list of participants.

(C) The provider shall furnish each participant a record of successful completion specifying the provider; title, date and location of program; number of contact hours; and provider number, grades and organization granting approval, if applicable. This record shall be kept by the nurse for a minimum period of four years from the date of completion.

§216.5. Additional Criteria for Specific Continuing Education Programs. In addition to those listed in §216.4 of this title (relating to Criteria for Acceptable Continuing Education Activity), the following guidelines shall apply to the selection and/or planning and implementation of specific CE programs:

(1) Academic course.

(A) The course shall be within the framework of a



curriculum that leads to an academic degree in nursing or any academic course relevant to nursing practice/health care.

(B) Participants, upon audit by the board, shall be able to present an official transcript indicating completion of the course with a grade of "C" or better, or a "Pass" on a Pass/Fail grading system.

(C) Academic courses in this category are acceptable for Type I CE credit.

(2) Individualized instruction (home study/programmed instruction). The program shall:

(A) be developed by a professional group such as an educational institution, corporation, professional association or other provider of continuing education;

(B) follow a logical sequence;

(C) involve the learner by requiring an active response to the educational materials presented;

(D) contain a means to measure achievement of learning objectives of the program; and

(E) provide a record of attendance which complies with §216.4(9)(C) of this title concerning records indicating completion of the program.

(F) Up to 20 contact hours of Type I or five contact hours of Type II credit for one renewal period may be obtained through individualized instruction.

(3) Self-directed study.

(A) Program development and presentation.

(i) The program or presentation must not be a part of the licensee's primary employment responsibilities.

(ii) Credit shall be awarded only once regardless of the number of times the program/work was presented.

(iii) Upon audit by the board, the licensee must submit program objectives and an outline including date and location of the presentation not to exceed one page.

(iv) Two hours of Type II credit per program topic may be obtained through this means.

(B) Auditing of academic courses.

(i) Academic courses in nursing or health care may be audited. Audited courses meet Type II requirements.

(ii) Upon audit by the board, the licensee must submit a letter from the course instructor on the academic institution's letterhead indicating that the licensee attended the course.

(iii) Two hours of Type II credit per course may be obtained through this means.

(C) Certification.

(i) A licensee who completes the requirements for certification in a nursing specialty by a national credentialing body may receive Type II continuing education credit.

(ii) This is a one-time approval for initial certification only.

(iii) Upon audit by the board, the licensee must furnish a letter from the national specialty organization indicating initial certification.

(iv) Five hours of Type II credit for initial certification may be obtained through this means.

(D) Authorship.

(i) A licensee may receive CE credit for development and publication of a manuscript related to nursing and health care.

(ii) Credit for publication shall be awarded only once per renewal period.

(iii) Upon audit by the board, the licensee must submit a letter from the publisher indicating acceptance of manuscript for publication or a copy of the published work.

(iv) Five contact hours of Type II credit may be obtained through this means.

(4) Out-of-state programs.

(A) A continuing education program attended or undertaken in a jurisdiction outside of Texas may be accepted:

(i) for Type I credit if all criteria are met and if it is approved by one of the board's recognized credentialing agencies/organizations; and

(ii) for Type II credit if it meets the criteria listed in §216.4 of this title and §216.5 of this section concerning criteria for acceptable continuing education activity and additional criteria for specific continuing education programs.

§216.6. Activities Which are not Acceptable as Continuing Education. The following activities do not meet continuing education requirements for licensure renewal.

(1) Basic cardiopulmonary resuscitation (CPR) courses.

(2) Inservice programs. Programs sponsored by the employing agency to provide specific information about the work setting and orientation or other programs which address the institution's philosophy, policies and procedures; on-the-job training; basic cardiopulmonary resuscitation; and equipment demonstration are not acceptable for CE credit.

(3) Refresher courses. Programs designed to update knowledge or current nursing theory and clinical practice, which consist of a didactic and clinical component to ensure entry level competencies into professional practice are not accepted for CE credit.

(4) Orientation programs. A program designed to introduce employees to the philosophy, goals, policies, procedures, role expectations and physical facilities of a specific work place are not acceptable for CE credit.

(5) Courses which focus upon self-improvement, changes in attitude, self-therapy, self-awareness, weight loss, and yoga.

(6) Economic courses for financial gain, e.g., investments, retirement, preparing resumes, and techniques for job interview.

(7) Courses which focus on personal appearance in nursing.

(8) Liberal art courses in music, art, philosophy, and others when unrelated to patient/client care.

(9) Courses designed for lay people.

§216.7. Responsibilities of Individual Licensee.

(a) It shall be the licensee's responsibility to select and participate in continuing education activities that will meet the criteria listed in §216.4 of this title (relating to Criteria for Acceptable Continuing Education Activity).

(b) The licensee shall be responsible for maintaining a record of CE activities. These records shall document attendance as evidenced by original certificates of attendance, contact hour certificates, academic transcripts, or grade slips and copies of these shall be submitted to the board upon audit.

(c) These records shall be maintained by the licensee for a minimum of two consecutive renewal periods or four years.

§216.8. Relicensure Process.

(a) Renewal of license.

(1) Upon renewal of the license, the licensee shall sign a statement attesting that the CE requirements have been met.

(2) The contact hours must have been completed in the biennium immediately preceding the license renewal. CE contact hours from a previous renewal period will not be

accepted. Additional contact hours earned may not be used for subsequent renewal periods.

(b) Persons licensed by examination. A candidate licensed by examination shall be exempt from the CE requirement for issuance of the initial license and for the immediate renewal period following licensure.

(c) Persons licensed by endorsement. An applicant licensed by endorsement shall be exempt from the CE requirement for the issuance of the initial Texas license and for the immediate renewal period following initial Texas licensure.

(d) Delinquent license.

(1) A license that has been delinquent for less than four years may be renewed by the licensee showing evidence of having completed 20 contact hours of acceptable continuing education within two years immediately preceding the application for relicensure and by meeting all other board requirements. A licensee shall be exempt from the continuing education requirement for the immediate renewal period following renewal of the delinquent license.

(2) A license that has been delinquent for four or more years may be renewed upon completion of requirements listed in §217.6(b) of this title (relating to Failure to Renew License).

(e) Reactivation of a license.

(1) A license that has been inactive for less than four years may be reactivated by the licensee submitting verification of having completed at least 20 contact hours of continuing education within the past two years immediately prior to application for reactivation.

(2) A license that has been inactive for four or more years may be reactivated upon completion of requirements in §217.9(e) of this title (relating to Reactivation from Inactive Status).

(f) Reinstatement of a license. A licensee whose license has been revoked and subsequently applies for reinstatement must show evidence that the CE requirement and other board requirements have been met prior to reinstatement of the license by the board.

§216.9. Audit Process. The board shall select a random sample of licensees for each renewal month. Audit forms shall be sent to selected licensees to substantiate compliance with the continuing education requirements.

(1) Within 30 days following notification of audit these selected licensees shall submit audit form, documentation as specified in §216.4 and §216.5 of this title (relating to Criteria for Acceptable Continuing Education Activity and Additional Criteria for Specific Continuing Education Programs) and any additional documentation the board deems necessary to verify compliance with continuing education requirements for the period of licensure being audited.

(2) The board shall notify the licensee of the results of the audit.

(3) Failure to notify the board of a current mailing address will not absolve the licensee from audit requirements.

(4) By this rule, an audit shall be automatic for a licensee who has been found non-compliant in an immediately preceding audit.

(5) Failure to complete the audit satisfactorily or falsification of records shall constitute unprofessional conduct and provide grounds for disciplinary action.

§216.10. Appeals.

(a) Any individual who wishes to appeal a

determination of non-compliance with continuing education requirements must submit a letter of appeal within 20 days of notification of the audit results.

(b) The board or its designee shall conduct a review in which the appellant may appear in person to present reasons why the audit decision should be set aside or modified.

(c) The decision of the board after the appeal shall be considered final and binding.

§216.11. Consequences of Non-Compliance. Licensees found non-compliant shall be referred to the board's compliance department for possible disciplinary action.

## **Licensure, Peer Assistance and Practice §217**

§217.1. Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

(1) Academic course - A specific set of learning experiences offered in an accredited school, college or university. Academic credit will convert on the following basis: One academic quarter hour = 10 contact hours; one academic semester hour = 15 contact hours.

(2) Accredited nursing program - A school, department, or division of nursing accredited/approved by a nursing board or other licensing authority which has jurisdiction over accreditation/approval of nursing programs.

(3) Advanced Practice Nurse (APN) - A professional nurse, currently licensed in the State of Texas, who is prepared for advanced nursing practice by virtue of knowledge and skills obtained in an advanced educational program of study acceptable to the board, who meets requirements of Rule 221 and/or Rule 222, and has received authorization to practice as an APN in Texas.

(4) Applicant - An individual who has completed an accredited nursing program and has applied to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), or an individual who has applied for Temporary Licensure/Endorsement into Texas.

(5) Approved - Recognized as having met established standards and predetermined criteria of the credentialing agencies recognized by the board. Applies to providers and programs.

(6) Board - The Board of Nurse Examiners for the State of Texas.

(7) Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate - Documentation that verifies the educational credentials and CGFNS examination results of graduates of foreign nursing schools.

(8) Declaratory order - An order issued by the Board pursuant to Texas Civil Statutes, Article 4519a, determining the eligibility of an individual for initial licensure as a registered nurse and setting forth both the basis for potential ineligibility and the Board's determination of the disclosed eligibility issues.

(9) Delinquent license - A license lapsed due to failure to renew the certificate of reregistration.

(10) Direct supervision - Requires a registered professional nurse to be immediately available to coordinate, direct, and observe at firsthand another individual for whom the RN is responsible.

(11) Eligibility order - An order, issued by the Board pursuant to Texas Civil Statutes, Article 4519, 4519a, or 4521(a) determining the eligibility of an individual for licensure.

(12) Endorsement - The process of issuing a permanent license without further examination to a registered nurse from another jurisdiction or licensing authority after determination is made that the applicant meets the same standards as those required of Texas registered nurses.

(13) First level, general nurse - Refers to the International Council of Nurses (ICN) classification of nurses. A first-level nurse is called a registered or professional nurse in most countries. A general nurse has studied theory and had clinical practice in a variety of nursing areas. Second level nurses, who may be called enrolled, vocational, or practical nurses or nurse assistants, and those nurses who have specialized in one area without being educated and registered/licensed as a general nurse (for instance, midwife, pediatric nurse, or psychiatric nurse) are not eligible to take the CGFNS qualifying exam.

(14) Graduate of a foreign nursing school - An individual who graduated from a post-secondary nursing education program that prepares professional nurse generalists for licensure and is accredited by a governmental authority.

(15) Impaired practice - Practice in which the nurse's ability to perform the essential functions of a registered nurse is impaired by chemical dependency on drugs and/or alcohol or by mental illness.

(16) Jurisdiction - A state or territory of the United States using the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) as the licensing examination.

(17) Licensing authority - A legislated or governmentally appointed agency which approves, accredits or otherwise regulates legally defined behaviors of institutions or individuals.

(18) National Council Licensure Examination for Registered Nurses (NCLEX-RN®) - The test used by the board to measure minimal competence for licensure as a registered professional nurse.

(19) Nursing curriculum - The equivalent of all nursing courses in the program of study within an accredited nursing program.

(20) Nursing program - The equivalent of all non-nursing and nursing courses in the program of study within an accredited program.

(21) Peer assistance program - An approved program designed for registered nurses whose nursing practice is or may be impaired by chemical dependency on drugs and/or alcohol or certain mental illnesses and which meets the minimum criteria established by the Texas Commission on Alcohol and Drug Abuse and the additional criteria established by the Board of Nurse Examiners for the State of Texas.

(22) Practitioner - As related to radiology practice, a doctor of medicine, osteopathy, podiatry, dentistry, or chiropractic who is licensed under the laws of Texas and who prescribes radiologic procedures for other persons (See 25TAC143.2).

(23) Professional boundaries - Refers to the provision of professional nursing services within the limits of the nurse/client relationship which promote the client's dignity, independence and best interests and refrain from inappropriate involvement in the client's personal relationships and the obtainment of the nurse's personal gain at the client's expense.

(24) Professional nursing education program (general) - Post-secondary general nursing program of at least two academic years in length that provides both theory and clinical instruction in nursing care of:

(a) the adult to include both medical and surgical nursing;

(b) maternal/infant nursing;

(c) nursing care of children; and

(d) psychiatric/mental health nursing

(25) Professional nursing practice - The performance of services for compensation appropriate for RNs employed in clinical practice, administration, education, research or other practices within the scope of the definition of professional nursing.

(26) Program of study - The courses and learning experiences that constitute the requirements for completion of a basic nursing program (associate degree program, baccalaureate degree program, master's degree program, or diploma program) or a post-licensure nursing program.

(27) Radiologic procedure - Any procedure or article used with clients, including diagnostic x-rays or nuclear medicine procedures, through the emission of ionizing radiation as stated in 25TAC§143.2.

(28) Reactivation - The process of making a license current when a registered nurse has allowed his or her license to become delinquent and/or is in inactive/retired status.

(29) Refresher course - A program designed to update knowledge of current nursing theory and clinical practice consisting of didactic and clinical components to ensure entry level competencies into professional nursing practice. Refresher courses are not accepted for continuing education credit.

(30) Registered nurse - A person currently licensed by the board to practice professional nursing.

(31) Registered nurse, retired - An individual on inactive status, 65 or older, who has met the requirements for using the title as stated in §217.9(b) of this title (relating to Inactive Status).

(32) Renewal period - Two-year period determined by the licensee's birth month and year.

(33) Shall, will and must - Mandatory requirements.

(34) State Board Test Pool Examination (SBTPE) - The test formerly used by the board prior to the NCLEX-RN® to measure minimal competence for licensure as a registered nurse.

(35) Temporary authorization - An authorization to practice professional nursing for a specified period of time.

(36) Temporary license - A license that authorizes an individual licensed as a registered nurse in other jurisdictions to practice professional nursing in Texas for a specified period of time.

(37) Temporary permit - A permit issued to a registered nurse for a specific period of time which allows the RN to complete specific requirements in order for the license to be reissued.

§217.2. Licensure by Examination for Graduates of Basic Nursing Education Programs Within the United States, its Territories or Possessions.

(a) An applicant for initial licensure by examination shall:

(1) file a complete application containing data required by the board; notarized affidavit; and the required application processing fee which is not refundable;

(2) submit verification of completion of all requirements for graduation from an accredited nursing program or certification from the nursing program director of

completion of all baccalaureate degree requirements which are prerequisites of an accredited masters degree program leading to a first degree in professional nursing; and

(3) pass the NCLEX-RN®.

(b) Should it be ascertained from the application filed, or from other sources, that the applicant should have had an eligibility issue determined by way of a Petition for Declaratory Order, (see 213.30 of this chapter relating to Declaratory Order of Eligibility for Licensure and Texas Civil Statutes, Article 4519a) then the application will be treated and processed as a Petition for Declaratory Order and the applicant will be required to pay the appropriate non-refundable fees for determination of eligibility. Should the Board in its final determination find that the individual is not eligible for licensure, then that individual is precluded from again petitioning, or applying to the Board for admission to the examination except when the impediment to eligibility for licensure has been removed, such as when an applicant receives a full and unconditional pardon for prior criminal convictions.

(c) An applicant for initial licensure by examination shall pass the NCLEX-RN® within three attempts and within four years of completion of requirements for graduation.

(1) An applicant who fails the NCLEX-RN® may retake the examination no more than two times without additional education.

(2) An applicant who is unsuccessful after three attempts within four years of completion of the requirements for graduation, must complete a professional nursing curriculum in order to be eligible to retake the examination.

(3) An applicant who has not passed the NCLEX-RN® within four years from the date of completion of requirements for graduation must complete a professional nursing program in order to take or retake the examination.

(d) Upon initial licensure by examination, the license is issued for a period ranging from six months to 29 months depending on the birth date. Licensees born in even numbered years shall renew their licenses in even numbered years; licensees born in odd numbered years shall renew their licenses in odd numbered years.

#### §217.3. Temporary Authorization to Practice/Temporary Permit.

(a) A new graduate who completes an accredited basic nursing education program within the United States, its Territories or Possessions and who applies for initial licensure by examination in Texas may be temporarily authorized to practice professional nursing as a graduate nurse (GN) pending the results of the licensing examination.

(1) In order to receive temporary authorization to practice as a GN and obtain a Graduate Nurse Permit, the new graduate must:

(A) file a completed application, including verification of completion of graduation requirements and the non-refundable application processing fee [see 217.2 (a) (1)-(2) of this Chapter];

(B) have no outstanding eligibility issues (see 213.30 of this Chapter, Article 4519a);

(C) have never taken the NCLEX-RN®. Temporary authorization to practice as a GN will not be issued to any applicant who has previously failed the licensing examination; and

(D) have registered to take the NCLEX-RN® with the examination administration service.

(2) The temporary authorization to practice as a GN, which is not renewable, is valid for 60 days from the date of

eligibility, receipt of permanent license, or upon receipt of a notice of failing the examination from the Board, whichever date is the earliest. The GN must immediately inform employers of receipt of notification of failing the examination and cease professional nursing practice.

(3) The new graduate who has been authorized to practice professional nursing as a GN pending the results of the licensing examination must work under the direct supervision of a registered professional nurse who is physically present in the facility or practice setting and who is readily available to the GN for consultation and assistance. If the facility is organized into multiple units that are geographically distanced from each other, then the supervising RN must be working on the same unit to which the GN is assigned. The GN shall not be placed in supervisory or charge positions and shall not work in independent practice settings.

(4) The nurse administrator of facilities that employ Graduate Nurses must ensure that the GN has a valid temporary authorization to practice as a GN pending the results of the licensing examination, has scheduled a date to take the NCLEX-RN®, and does not continue to practice after expiration of the 60 days of eligibility or receipt of a notice of failing the examination from the Board, whichever date is earlier.

(b) A registered nurse who has not practiced nursing for four or more years may be issued a temporary permit for the limited purpose of completing a refresher course, extensive orientation to the practice of professional nursing or academic course. The permit is valid for six months and is nonrenewable.

(c) A registered nurse whose license has been suspended, revoked, or surrendered through action by the board, may be issued a temporary permit for the limited purpose of meeting any requirement(s) imposed by the board in order for the nurse's license to be reissued. The permit is valid for six months and is nonrenewable.

#### §217.4 Requirements for Initial Licensure by Examination for Nurses Who Graduate from Professional Nursing Programs Outside of United States' Jurisdictions.

(a) An applicant for initial licensure applying under this section must:

(1) provide a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate or the equivalent which verifies that the applicant:

(A) has the educational credentials equivalent to graduation from a governmentally accredited/approved, post-secondary general nursing program of at least two academic years in length;

(B) received both theory and clinical education in each of the following: nursing care of the adult which includes both medical and surgical nursing, maternal/infant nursing, nursing care of children, and psychiatric/mental health nursing;

(C) received initial registration/license as a first-level, general nurse in the country where the applicant completed general nursing education;

(D) is currently registered/licensed as a first-level general nurse;

(E) demonstrated proficiency in the English language; and

(F) passed the CGFNS Qualifying Exam;

(2) file a complete, notarized application for registration containing data required by the board and the required application processing fee which is not refundable; and

(3) pass the NCLEX-RN® as a Texas applicant

(A) within four years of completion of the requirements for graduation from the nursing program if the

applicant has not practiced as a professional registered nurse at least two of the four years since completing the requirements for graduation; or

(B) within four years of the date of eligibility for the NCLEX-RN® if the applicant has practiced as a professional registered nurse at least two of the past four years.

(b) An applicant who fails the NCLEX-RN® may retake the examination no more than two times without additional education.

(1) An applicant who is unsuccessful after three attempts and within four years of completion of the requirements for graduation or within four years of the date of eligibility must complete a professional nursing curriculum in order to be eligible to retake the examination.

(2) An applicant who has not passed the NCLEX-RN® within four years of completion of the requirements for graduation or within four years of the date of eligibility must complete a professional nursing program in order to be eligible to take the examination.

(c) An applicant who graduated more than four years prior to the date of filing an application and who has not practiced as a professional registered nurse two of the past four years must complete a professional nursing program in order to be eligible for licensure under this section.

(d) Should it be ascertained from the application filed, or from other sources, that the applicant should have had an eligibility issue settled by way of a Petition for Declaratory Order, (see 213.30 of this Chapter relating to Declaratory Order of Eligibility for Licensure and Texas Civil Statutes, Article 4519a) then the application will be treated and processed as a Petition for Declaratory Order and the applicant will be required to pay the appropriate non-refundable processing fees. Should the Board finally determine that the individual is not eligible to be admitted to the examination, then that individual is precluded from again petitioning, or applying to the Board for admission to the examination except when the impediment to eligibility for licensure has been removed, such as when an applicant receives a full and unconditional pardon for prior criminal convictions.

(e) Upon initial licensure by examination, the license is issued for a period ranging from six months to 29 months depending on the birth date. Licensees born in even numbered years shall renew their licenses in even numbered years; licensees born in odd numbered years shall renew their licenses in odd numbered years.

#### §217.5. Temporary License and Endorsement.

(a) The requirements to obtain a non-renewable temporary license which is valid for 12 weeks, or a permanent license for endorsement are as follows:

(1) Graduation from an accredited or approved professional nursing education program (general).

(2) Satisfactory completion of the licensure examination according to board established minimum passing scores:

(A) Prior to July 1982 - a score of 350 on each of the five parts of the SBTPE.

(B) Prior to February 1989 - a minimum score of 1600 on NCLEX-RN®.

(C) February 1989 and after, must have achieved a passing report on NCLEX-RN®.

(3) Licensure by another jurisdiction.

(4) For an applicant who has graduated from a professional nursing school outside of the United States or National Council jurisdictions - verification of licensure must

be submitted from their country or evidence of completion of CGFNS requirements, as well as meeting all other requirements in (a)(2)-(3) of this section.

(5) Filing a completed notarized "Application for Temporary License/Endorsement" containing:

(A) personal identification and verification of required information in items (1)-(3) in this section;

(B) attestation that the applicant meets current Texas licensure requirements and has never had disciplinary action taken by any licensing authority or jurisdiction in which the applicant holds, or has held licensure;

(C) a recent, fade-proof passport sized identification photograph, properly identified; and

(6) the required application processing licensure fee, which is not refundable.

(b) A nurse who has not practiced professional nursing within the four years immediately preceding the request for temporary licensure, shall meet the requirements as stated in §217.9 of this title (relating to Inactive Status).

(c) A nurse who has had disciplinary action at any time by any licensing authority is not eligible for temporary licensure until completion of the eligibility determination.

(d) Upon initial licensure by endorsement, the license is issued for a period ranging from six months to 29 months depending on the birthdate. Licensees born in even numbered years shall renew their licenses in even numbered years; licensees born in odd numbered years shall renew their licenses in odd numbered years.

(e) Should it be ascertained from the application filed, or from other sources, that the applicant should have had an eligibility issue settled in accordance with Texas Civil Statutes, Article 4525(a) and 213.27, 213.28 and 213.29 relating to Good Professional Character, Licensure of Persons with Criminal Convictions and Eligibility and Disciplinary Criteria Regarding Intemperate Use and Lack of Fitness, then the application will be treated and processed as a Petition for Eligibility Order for RN Endorsement and the applicant will be required to pay the appropriate processing fees which are not refundable.

(f) Should the Board in its final determination find that the individual is not eligible for licensure as a professional nurse in Texas, then that individual is precluded from again petitioning, or applying to the Board for licensure until the impediment to eligibility for licensure has been removed, such as when an applicant receives a full and unconditional pardon for prior criminal convictions.

#### §217.6. Failure to Renew License.

(a) A registered nurse who is not practicing professional nursing in Texas and who fails to maintain a current Texas license for a period of time less than four years may bring his or her license up-to-date by filing such forms as the board may require, showing evidence of having completed 20 contact hours of acceptable continuing education within two years immediately preceding the application for relicensure, and paying the current licensure fee plus a late fee and any applicable fines, which are not refundable.

(b) A registered nurse who is not practicing professional nursing and who fails to maintain a current license from any licensing authority for four or more years will be required to:

(1) complete a board approved refresher course, extensive orientation to the practice of professional nursing, or completion of a nursing program of study. The applicant will submit an application for temporary permit for the limited purpose of completing a refresher course, extensive

orientation to the practice of professional nursing, or program of study;

(2) submit evidence of the successful completion of the requirements of paragraph (1) of this subsection;

(3) submit a completed reactivation application;

(4) submit the current non-refundable licensure fee, plus a late fee and any applicable fines which are not refundable; and

(5) submit evidence of completion of 20 contact hours of acceptable continuing education within the previous two years.

(c) A registered nurse who fails to maintain a current Texas license for four years or more and who is licensed and has practiced in another state a minimum of two of the previous four years preceding the application for relicensure in Texas, shall be exempt from requirements of subsection (b)(1), and (2) of this section.

(d) The issuance of a license renewal may be refused to an individual who:

(1) fails to submit an application for renewal;

or

(2) submits an application which:

(A) is incomplete;

(B) does not show that the person meets the requirements for renewal; or

(C) is not accompanied by the correct fee(s).

(e) The refusal to renew the license for reasons in subsection (d)(1) and (2) of this section does not entitle the individual to a hearing.

(f) The individual refused a license renewal who wishes to reactivate his or her license will be required to:

(1) correctly complete the reactivation application form;

(2) show evidence of meeting all current requirements for licensure, including 20 contact hours of continuing education according to requirements in §216 of this title (relating to Continuing Education); and

(3) submit payment of the correct non-refundable reactivation fee as follows:

(A) if the license has been delinquent less than 90 days, the required fee will equal the renewal fee plus one-half the examination fee [see Rule 223.1(13)(A)], plus any applicable fines; or

(B) if the license has been delinquent for more than 90 days, the required fee will equal the renewal fee plus the full examination fee [see Rule 223.1(13)(B)], plus any applicable fines.

#### §217.7. Change of Name and/or Address.

(a) A registered nurse/applicant for licensure shall notify the board in writing within ten days of a change of name by submitting a legal document reflecting this name change.

(b) A registered nurse/applicant for licensure shall notify the board in writing within 10 days of a change of address, providing the new address and his or her license number.

#### §217.8. Duplicate or Substitute Credentials.

(a) A registered nurse whose original certificate of registration or wallet size license is lost or destroyed may obtain a duplicate by filing a form containing identifying information, notarized affidavit, and paying a non-refundable fee.

(b) A registered nurse who wants to change his/her name on the original certificate of registration or current wallet size license must submit:

(1) a duly executed affidavit;

(2) the required non-refundable fee;

(3) a legal document reflecting this name change; and

(4) the original certificate of registration if the requested change is for the original certificate.

#### §217.9. Inactive Status.

(a) A registered nurse who elects to change from active licensure status to inactive status must:

(1) submit a written request to the board prior to the expiration of his/her license;

(2) designate "inactive" on the renewal form if at the time of renewal.

(b) A registered nurse on inactive status, who is 65 or older, and requests to use the title "Registered Nurse, Retired" or "RN, Retired" must submit the following:

(1) a written request to use the title; and

(2) the required, non-refundable fee.

(c) An individual who is permitted under Article 4526b to use the title "Registered Nurse, Retired" or "R.N., Retired", may not use that title to practice as a professional registered nurse for compensation.

(d) A registered nurse who has not practiced professional nursing and whose license has been in an inactive status for less than four years may reactivate the license by completing the reactivation application form, paying the required reactivation fee and the current licensure fee which are non-refundable, and submitting verification of completion of 20 contact hours of continuing education in compliance with §216 of this title (relating to Continuing Education).

(e) A registered nurse who has not practiced professional nursing in Texas and whose license has been in an inactive status for more than four years must submit:

(1) a reactivation application form;

(2) verification of completion of a refresher course, extensive orientation to the practice of professional nursing or program of study which meets the board's requirements and was completed within the last year;

(3) evidence of completion of 20 contact hours of CE in compliance with §216 relating to Continuing Education;

(4) the required reactivation fee plus the current licensure fee, which are non-refundable.

(f) A registered nurse who has not practiced professional nursing in Texas or another jurisdiction within the last four years and has not participated in a refresher course within the last year must submit:

(1) an application for a six month temporary permit to be used only for completion of a refresher course, extensive orientation to the practice of professional nursing or program of study which meets the board's requirements; and

(2) the required six-month temporary permit fee which is non-refundable.

(g) A registered nurse completing refresher course requirements in another jurisdiction is exempt from requirements of (f)(1) and (2).

(h) Upon completion of the refresher course, extensive orientation to the practice of professional nursing, or program of study which meets the board's requirements, the nurse shall then comply with §217.9(e) of this section (relating to Inactive Status).

§217.10. Restrictions to Use of Designations for Registered Nurse.

(a) A person who holds a valid current license issued by the Board of Nurse Examiners for the State of Texas may use the title registered nurse or RN.

(b) An applicant for initial licensure by examination in Texas who has valid temporary authorizations to practice professional nursing as a graduate nurse pending the results of the licensing examination may use the initials GN or the title graduate nurse.

(c) A person who is eligible for licensure by endorsement in Texas, holding a valid Texas temporary license, may use the title registered nurse or RN.

(d) No other person, other than designated in (a), (b) and (c) of this section, may use, where applicable, titles or abbreviations such as staff nurse, head nurse, charge nurse, supervisor of nursing or nurses, or any other title tending to imply to the public that the person holds a license to practice professional nursing in Texas.

(e) Any person other than as permitted by law or rule who uses any of the above titles or abbreviations deemed by the board misleading or implying that the individual is a licensed professional nurse may be subject to potential violation or prosecution under the applicable law.

(f) If a registered nurse holds herself or himself out to the public as being engaged in the practice of professional nursing, or uses the term registered nurse or "RN" or any combination or variation of those terms and abbreviations, alone or in combination with any other terms, then they must practice in accordance with the Nursing Practice Act and the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice.

§217.11. Standards of Professional Nursing Practice. The responsibility of the Texas Board of Nurse Examiners (board) is to regulate the practice of professional nursing within the State of Texas. The purpose of defining standards of practice is to identify roles and responsibilities of the registered professional nurse (RN) in any health care setting. The standards for professional nursing practice shall establish a minimum acceptable level of professional nursing practice. The RN shall:

(1) know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the RN's current area of nursing practice;

(2) use a systematic approach to provide individualized, goal-directed nursing care by:

(A) performing nursing assessments regarding the health status of the client;

(B) making nursing diagnoses which serve as the basis for the strategy of care;

(C) developing a plan of care based on the assessment and nursing diagnosis;

(D) implementing nursing care; and

(E) evaluating the client's responses to nursing interventions;

(3) know the rationale for and the effects of medications and treatments and shall correctly administer the same;

(4) accurately and completely report and document:

(A) the client's status including signs, symptoms and responses;

(B) nursing care rendered;

(C) physician, dentist or podiatrist orders;

(D) administration of medications, and treatments; and

(E) client response(s);

(F) contacts with other health care team members concerning significant events regarding client's status.

(5) implement measures to promote a safe environment for clients and others;

(6) respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information;

(7) promote and participate in client education and counseling based on health needs;

(8) ensure the verification of current Texas licensure and credentials of personnel for whom the RN is administratively responsible, when acting in the role of nurse administrator;

(9) make assignments to others that take into consideration client safety and which are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the persons to whom the assignments are made;

(10) delegate nursing tasks in compliance with §218.3, relating to general criteria for delegation and §218.4, relating to supervision;

(11) supervise nursing care provided by others for whom the RN is administratively or professionally responsible;

(12) accept only those nursing assignments that take into consideration patient safety and that are commensurate with one's own educational preparation, experience, knowledge and physical and emotional ability;

(13) obtain instruction and supervision as necessary when implementing nursing procedures or practices;

(14) notify the appropriate supervisor when leaving a nursing assignment;

(15) know, recognize, and maintain professional boundaries of the nurse-client relationship;

(16) report unsafe nursing practice by an RN which a nurse has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The RN should report unsafe practice conditions or other practitioners to the appropriate authority or licensing board;

(17) provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, or health problems of the client served;

(18) institute appropriate nursing intervention which might be required to stabilize a client's condition and/or prevent complications;

(19) clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the RN makes the decision not to administer the medication or treatment;

(20) implement measures to prevent exposure to infectious pathogens and communicable conditions;

(21) collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;

(22) consult with, utilize and make referrals to appropriate community agencies and health care resources to provide continuity of care;

(23) be responsible for one's own continuing competence in nursing practice and individual professional growth.

§217.12. Unprofessional Conduct. The unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify unprofessional or dishonorable behaviors of the registered professional nurse (RN) which the board believes are likely to deceive, defraud or injure clients or the public. These behaviors include but are not limited to:

(1) failing to know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the RN's current area of nursing practice;

(2) failing to assess and evaluate a client's status or failing to institute nursing interventions which might be required to stabilize a client's condition or prevent complications;

(3) failing to administer medications or treatments or both in a responsible manner;

(4) failing to accurately and completely report and document:

(A) the client's status including signs, symptoms and responses;

(B) nursing care rendered;

(C) physician, dentist or podiatrist orders;

(D) administration of medications, and treatments; and

(E) client response(s);

(F) contacts with other health care team members concerning significant events regarding client's status.

(5) failing to implement measures to promote a safe environment for clients and others (e.g. bed rails up, universal precautions);

(6) disclosing confidential information or knowledge concerning the client except where required or allowed by law;

(7) failing to provide client education and counseling based on client health care needs;

(8) failing to ensure the verification the current Texas licensure and credentials of personnel for whom he/she is administratively responsible, when acting in the role of nurse administrator;

(9) assigning nursing care in a manner that fails to take client safety into consideration or assigning nursing care functions to others who lack the educational preparation, experience, knowledge or physical and emotional ability to perform these functions;

(10) delegating nursing tasks not in compliance with §218.3 relating to general criteria for delegation and §218.4 relating to supervision;

(11) failing to supervise the delivery of nursing care for which the RN is administratively or professionally responsible;

(12) accepting an assignment when one's physical or emotional condition prevents the safe and effective delivery of care or accepting an assignment that does not take into consideration patient safety or for which one lacks the educational preparation, experience, knowledge or ability;

(13) failing to obtain instruction or supervision when implementing nursing procedures or practices for which one lacks the educational preparation, ability, knowledge and/or experience;

(14) leaving a nursing assignment without notifying one's appropriate supervisor;

(15) violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);

(16) causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or

failing to report same to the employer, appropriate legal authority and/or licensing board;

(17) failing to report to the board or to a board approved peer assistance program, if applicable, within a reasonable time of the occurrence, any violation or attempted violation of the Nursing Practice Act or duly promulgated rules, regulations or orders;

(18) failing to follow the policy and procedure in place for the wastage of medications at the facility where the RN was employed or working at the time of the incident(s);

(19) misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(20) failing to make entries, destroying entries, and/or making false entries in records pertaining to care of clients;

(21) passing, or attempting to pass forged, altered, falsified or unauthorized prescription(s) by electronic, telephonic, written communication or any other means;

(22) providing information which was false, deceptive, or misleading in connection with the practice of professional nursing;

(23) failing to answer specific questions that would have affected the decision to license, employ, certify or otherwise utilize an RN;

(24) offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services;

(25) failing to report the unauthorized practice of professional nursing;

(26) failing to repay a guaranteed student loan, as provided in Section 57.491 of the Texas Education Code.

§217.13. Peer Assistance Programs. A peer assistance program for registered nurses will identify, assist, and monitor professional colleagues experiencing mental health, alcohol, or drug problems that are or are likely to be job-impairing so that they may return to practice safe nursing.

(1) Additional criteria.

(A) The program will provide statewide peer advocacy services available to all registered nurses licensed to practice in Texas whose practice may be impaired by chemical dependency or certain mental illness.

(B) The program shall have a statewide monitoring system that will be able to track the nurse while preserving confidentiality.

(C) The program shall have a network of trained peer volunteer advocates located throughout the state.

(D) The program shall have a written plan for the education and training of volunteer advocates and other program personnel.

(E) The program shall have a written plan for the education of registered nurses, other practitioners, and employers.

(F) The program shall have a mechanism for documenting program compliance and for timely reporting of noncompliance to the board. Reports of noncompliance shall include information regarding registered nurses who have been reported in accordance with the requirements of Texas Civil Statutes, Article 4525a.

(G) The program shall demonstrate financial stability and funding sufficient to operate the program.

(H) The program shall collect and make available to the board and other appropriate persons data



relating to program operations and participant outcomes.

(I) The program shall have a written plan for a systematic total program evaluation.

(J) The program shall be subject to periodic evaluation by the board or its designee.

(K) Counselors utilized by the peer assistance program shall meet the minimum criteria for counselors as established by the board or its designee.

(L) The program shall establish a plan to verify previous disciplinary action relative to impairment prior to admitting a nurse to the peer assistance program.

(M) If there has been any prior disciplinary action by the board within five years or if the program determines that the nurse most likely has impaired practice but is inappropriate for the program due to other reasons, the program may report the nurse to the board.

(2) Contractual agreement. The approved program(s) will enter into a contractual agreement with the board to provide peer assistance services. Said contract can be withdrawn for noncompliance and is subject to annual review and renewal.

#### §217.14. Registered Nurses Performing Radiologic Procedures.

(a) A registered nurse who performs radiologic procedures other than in a hospital that participates in the federal Medicare program or that is accredited by the Joint Commission on Accreditation of Hospitals shall submit an application for registration to the board and shall submit evidence including, but not limited to, the following:

(1) current licensure as a registered nurse in the State of Texas; and

(2) the name and business address of the practitioner or director of radiological services under whose instruction or direction the radiologic procedures are performed.

(b) After review by the board, notification of registration shall be mailed to the registered nurse informing him/her that the registration with the board has been completed.

(c) The registered nurse who is registered to perform radiologic procedures pursuant to subsection (a) of this section shall notify the board within 30 days of any changes that would render the information on the nurse's application incorrect, including but not limited to any changes in the identity of the practitioner or director of radiological procedures under whose instruction or direction the radiologic procedures are performed.

(d) The registered nurse whose functions include radiologic procedures must act within the scope of the Texas Nursing Practice Act and the Board's Rules and shall comply with the training requirements and limitations of the Medical Radiological Technologist Certification Act and Texas Department of Health Rules, TAC 143.15-143.20. In addition, the registered nurse must be in compliance with the Texas Medical Practice Act, the Texas Pharmacy Act, or any applicable laws of the State of Texas.

(e) Any nurse who violates these rules shall be subject to disciplinary action by the board under Texas Civil Statutes, Article 4525.

#### §217.15. Copying the License/Permit/Permanent Certificate of a Registered Nurse/ Graduate Nurse/Advanced Practice Nurse.

(a) The licensee or permit holder has the responsibility to protect his or her license/permit/permanent

certificate from loss and potential fraudulent or unlawful use.

(b) A licensee or permit holder shall only allow his or her license/permit certificate to be copied for the purpose of licensure verification by employers, licensing boards, professional organizations, nursing programs, and third party payors for credentialing and reimbursement purposes. Other persons and/or agencies may contact the board's office in writing or by phone to verify licensure.

#### §217.16. Minor Incidents.

(a) The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Texas Nursing Practice Act. This is particularly true when there are mechanisms in place in the RN's employment setting to take corrective action, remediate deficits and detect patterns of behavior. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board.

(b) A "minor incident" is defined by Texas Civil Statutes, Article 4525a, §6A(b) as "conduct that does not indicate the nurse's continuing to practice professional nursing poses a risk of harm to the client or other person." An RN involved in an incident which is determined to be minor need not be reported to the board or the Peer Review Committee if all of the following factors exist:

(1) the potential risk of physical, emotional or financial harm to the client due to the incident is very low;

(2) the incident is a singular event with no pattern of poor practice by the RN;

(3) the RN exhibits a conscientious approach to and accountability for his/her practice; and

(4) the RN appears to have the knowledge and skill to practice safely.

(c) Other conditions which may be considered in determining that mandatory reporting is not required are:

(1) the significance of the event in the particular practice setting;

(2) the situation in which the event occurred; and

(3) the presence of contributing or mitigating circumstances in the nursing care delivery system.

(d) A minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor the following steps are required:

(1) an incident/variance report shall be completed according to the employing facility's policy;

(2) the nurse's manager shall maintain a record of each minor incident involving those RNs under his/her supervision;

(3) the nurse's manager shall assure that the incident/variance report contains a complete description of the incident, patient record number, witnesses, RN involved and the action taken to correct or remediate the problem;

(4) the nurse's manager shall report an RN to the Peer Review Committee if three minor incidents involving the RN are documented within a one-year time period; and

(5) the Peer Review Committee shall review the three minor incidents and make a determination as to whether a report to the Board is warranted.

(e) In employment settings where no Peer Review Committee is required to exist, the nurse's manager shall review minor incidents involving those RNs under his/her supervision and keep the same reports as required in subsection (c)(1),(2), and (3) of this section. A nurse's manager shall report any RN involved in three minor incidents within one year to the Board.

(f) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.

(g) Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

§217.17. Minimum Procedural Standards During Peer Review.

(a) Texas Civil Statutes, Article 4525b §1(2) states, "Peer review means the evaluation of professional nursing services, the qualifications of professional nurses, the quality of patient care rendered by professional nurses, the merits of complaints concerning professional nurses and professional nursing care, and determinations or recommendations regarding complaints". The peer review process is one of fact finding, analysis and study of events by registered nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event. Once a decision is made that a nurse is subject to peer review, Texas Civil Statutes, Article 4525b, §1A(4) provides that the nurse is entitled to minimum due process. The purpose of this rule is to define minimum due process, to provide guidance to facilities in developing peer review plans, to assure that nurses have knowledge of the plan, and to provide guidance to the peer review committee in its fact finding process.

(b) In order to meet the minimum due process required by the NPA, the Peer Review Committee must:

(1) provide written notice to the nurse that his/her practice is being evaluated, that the peer review committee will meet on a specified date not more than 30 calendar days from date of notice, and enclose a written copy of the peer review plan, policies and procedures;

(2) include in the written notice:

(A) a description of the event(s) to be evaluated in sufficient detail to inform the nurse of the incident, circumstances and conduct (error or omission), including date(s), time(s), location(s), and individual(s) involved. The patient/client shall be identified by initials or number;

(B) name, address, telephone number of contact person to receive the nurse's response;

(3) provide the nurse the opportunity to review, in person or by attorney, the documents concerning the event under review, at least 15 calendar days prior to appearing before the committee;

(4) provide the nurse the opportunity to:

(A) appear before the committee;

(B) make a verbal statement;

(C) ask questions and respond to questions of the committee; and

(D) provide a written statement regarding the event under review;

(5) conclude its evaluation no more than 14 calendar days from the committee meeting stated in the notice;

(6) provide written notice to the nurse of the findings of the committee when the review has been completed; and

(7) provide the nurse with reasonable opportunity to rebut the committee's findings in writing which shall become a permanent part of the record.

(c) The peer review process is not a hearing or substitute for a legal procedure; therefore, court procedures and rules and the presence of attorneys are not required. Although legal representation is not required, should the Peer Review Committee have an attorney as a member or in a representative capacity, the nurse is entitled to legal representation and parity of participation by counsel. "Parity of participation by counsel" means that the nurse's

attorney is able to participate in the peer review process to the same extent and level as the facility's attorney; e.g., if the facility's attorney can question witnesses, the nurse's attorney must have the same right.

(d) Peer review plans shall contain written procedures to maintain confidentiality of information presented to and/or considered by the peer review committee which is not subject to disclosure except as provided by Texas Civil Statutes, Article 4525b, §3. Disclosure/discussion by a nurse with the nurse's attorney is proper because the attorney is bound to the same confidentiality requirements as the nurse.

(e) The 74th Legislature expressly included vocational nurses in the peer review provisions of the Texas Civil Statutes, Article 4525b. The procedural standards found in subsections (a)-(d) of this section apply to LVNs.

(f) The 75th Legislature added provisions for an RN to request Peer Review when a nurse is requested to engage in conduct that the nurse believes is in violation of his/her duty to a patient. The procedure for a request of Peer Review under these "safe harbor" type protections [Art.4525d(c) of the NPA] must be made at the time the RN is requested to engage in the conduct and written on forms provided by the board.

# IMPOSTOR WARNING

## Marilyn Bejin

Marilyn Bejin secured employment as a registered nurse with a hematology-oncology office in the Houston area. Ms. Bejin worked at this office from May 1993 through November 20, 1998. Ms. Bejin used a license number belonging to a Registered Nurse who had previously worked with her at the another facility in Houston, Texas. The RN had no idea that this person was using her license number and did not know how Ms. Bejin could have accessed her personnel file. The Board is pursuing legal action against Ms. Bejin with the assistance of the Houston Police Department who may submit the case to the Harris County District Attorney's Office.



## NOTICE OF DISCIPLINARY ACTION

*The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Department of Investigations, P.O. Box 430, Austin, Texas, 78767-0430.*

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Alexander, Debra A.	515925	Reprimand with Stipulations	April 22, 1999
Ashe, Icie D.	626244	Fine	February 5, 1999
Atkins, Dona Kay	612657	Warning with Stipulations	April 22, 1999
Aylett, Michael Day	655544	Reprimand with Stipulations	May 11, 1999
Bickle, Christine Fay	581521	Revoked	April 22, 1999
Bowen, Randy J.	257571	Warning with Stipulations	June 8, 1999
Bower, Joyce Allegra	604878	Reprimand with Stipulations	May 11, 1999
Brea, Robbin	619452	Reprimand with Stipulations	June 8, 1999
Carter, James Warren	600617	Suspended/Probated	April 22, 1999
Casas, Sheron G.	500106	Warning with Stipulations	May 11, 1999
Cash, Brenda Leigh	255583	Warning with Stipulations	May 11, 1999
Chun, Ji My	624282	Remedial Education	March 26, 1999
Collins, Stacy Lynn	594412	Warning with Stipulations	May 11, 1999
Cravens, Linda Kay	562216	Reprimand with Stipulations	May 11, 1999
Dimacale, Dominick M.	617138	Warning with Stipulations	June 8, 1999
Dixon, Maria Margarita	227420	Warning with Stipulations	May 11, 1999
Dollar, Stace D.	617363	Warning with Stipulations	May 11, 1999
Drake, Shannon (Arend)	632836	Reprimand with Stipulations	June 8, 1999
Evans, Brenda Kay	603424	Reprimand with Stipulations	June 8, 1999
Ferguson, Stevanie	629450	Warning with Stipulations	June 8, 1999
Gass, Tracey	643143	Warning with Stipulations	April 22, 1999
Goldsteen, Jill Susan	600983	Limited License	April 22, 1999
Griffin Jr., Stanely Van	630679	Warning with Stipulations	May 11, 1999
Grimaldo, Sally V.	526210	Remedial Education	March 26, 1999
Guillen, Isabelle A.	544369	Warning with Stipulations	May 11, 1999
Gunnoe, Carol Ann	253229	Fine & Remedial Education	December 30, 1998
Harmon, Marsha Ellen	572109	Warning with Stipulations	June 8, 1999
Hegarty, William Thomas	503420	Reprimand with Stipulations	April 22, 1999

**DISCIPLINARY ACTION**

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Hom, Lisa L.	569137	Remedial Education	April 1, 1999
Hook, Sherrie Lynn	463258	Warning with Stipulations	April 7, 1999
Hutson, Marshalla Demond	644130	Warning with Stipulations	June 8, 1999
Irby, Stacey Lynn Hermes	572197	Remedial Education	May 26, 1999
Johnson, Kathleen Martha	545164	Warning with Stipulations	May 11, 1999
Kanzabedian, Annie O.	509890	Enforced Suspension/Probation	June 8, 1999
Keene, Patricia A. G.	426217	Warning with Stipulations	May 11, 1999
King, Allison Ann	530313	Reprimand with Stipulations	April 22, 1999
Konechney, Diane	621196	Warning with Stipulations	April 22, 1999
Lanclos, Rhonda Renee	567545	Remedial Education	December 14, 1998
Lenheim, Gregory Alan	572600	Warning with Stipulations	May 11, 1999
Martenson, Tina Monica	572736	Reprimand with Stipulations	May 11, 1999
Mata, Fernando Quintanar	563445	Reprimand with Stipulations	April 22, 1999
McCann, Lauran G.	626318	Reprimand with Stipulations	May 11, 1999
Meeks, Kevin W.	257216	Reprimand with Stipulations	April 22, 1999
Meyers, Kathleen Marie	545244	Reprimand with Stipulations	April 22, 1999
Mills, Corbin Reyn	606759	Warning with Stipulations	April 22, 1999
Mosley-Smith, Vickie Lynn	247800	Reprimand with Stipulations	June 8, 1999
Moss, Dorothy Lee	585559	Reprimand with Stipulations	April 22, 1999
Munoz, Louis David	569028	Warning with Stipulations	April 22, 1999
Murphree, Sherrie S. C.	227544	Reprimand with Stipulations	May 11, 1999
Olivier, McConnell	596231	Reprimand with Stipulations	June 8, 1999
Owens, Loyd B.	548176	Warning with Stipulations	May 11, 1999
Pace, Terri Lea	563806	Warning with Stipulations	May 11, 1999
Paul, Diane	525104	Warning with Stipulations	April 22, 1999
Peterson, Hilda Elaine	598913	Warning with Stipulations	June 8, 1999
Plant, Toni	644224	Remedial Education	May 25, 1999
Powers, Patricia Ann	237673	Revoked	April 22, 1999
Pulinthitta, Elsamma George	621958	Warning with Stipulations	April 22, 1999
Puschman, Gina D.	626348	Warning with Stipulations	June 8, 1999
Rogers, Kelly Jean	573453	Reprimand with Stipulations	June 8, 1999
Sazima, Rita Eileen	546389	Reprimand with Stipulations	April 22, 1999
Schechter, Beverly M.	458900	Reprimand with Stipulations	May 11, 1999
Taylor, Eddie Mae	602181	Warning with Stipulations	May 11, 1999
Thompson, Kerry Nixon	534901	Warning with Stipulations	June 8, 1999
Towns, Teri Lynne	633823	Fine	February 1, 1999
Villalas, Aurora Gomez	455824	Warning with Stipulations	June 8, 1999
Walters, Robin Caroline (Kmiec)	610087	Warning with Stipulations	June 8, 1999
Williams, Alicia G.	617111	Reprimand with Stipulations	May 11, 1999
Wilson, Vanessa Marilee	597560	Suspended	April 22, 1999
Wilson-Cobb, Susan Lynn	541918	Reprimand with Stipulations	April 22, 1999
Winslow, Scott Randall	578672	Warning with Stipulations	June 8, 1999
Wright, Lavina Dolletta	574262	Reprimand with Stipulations	June 8, 1999
Wyatt, Louise Helene	531798	Reprimand with Stipulations	May 11, 1999

continued on next page

## VOLUNTARY SURRENDERS

*The following individuals have voluntarily surrendered their license to practice professional nursing in the State of Texas.*

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Bryant, Annie Lois	507916	May 24, 1999
Chismar, Doris Louise	565492	May 26, 1999
Craig, Denise Anne	452518	May 7, 1999
Everett, Hattie Gail	588865	April 20, 1999
Gann, Terry C.	529022	April 12, 1999
Gilmore, Helen Scully	450225	March 16, 1999
Hardy, Rebecca Anne	623626	April 7, 1999
Hinojosa, Debra L.	544461	April 8, 1999
Jackson, Susan D. Hudkins	229667	March 22, 1999
Lewis, Kathy Lynn	541229	March 25, 1999
Little, Donna A.	522155	March 30, 1999
Long, Sheila Linville	618325	May 28, 1999
Martin, Kay L.	627265	April 27, 1999
Maynard, Curtis Boone	583515	May 26, 1999
Murray, Rachel	530084	May 12, 1999
Papp, Mary Yvonne	548186	May 24, 1999
Parker, Kerry Lane	637897	March 11, 1999
Smith, Jimmy S.	510283	May 26, 1999
West, Sharon A.	552029	March 30, 1999
Wolf, Jonathan M.	611043	April 1, 1999

## Insufficient Funds

As of June 7, 1999, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they may be in violation of the Nursing Practice Act and may be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
Allen, Julie Ann	623827	Filler, Marcia Ann	553220
Asble, Alex Walter	564983	Fryer, Renee Marie	578735
Bargas, Virginia	257121	Glisson, James M	239549
Barr, Lori Anne	537652	Gunnels, Lorrie Ann V	623930
Buol, Kolleen Kay	516233	Guthrie, Kelly R	547982
Conti, Angela Rose	552231	Hatter, Deanne Marie	568968
Cotterell, Jennifer Sandra	516426	Hess, Cathy Christine	628267
De John, Ida C Caperna	424176	Howard, Dorothy	613705
Dennis, Patricia Ann	503975	Howell, Sharon	459387
Dever, Lorraine Marie	579468	James, Karen Louise	577702
Dillon, Patricia	560309	Jenkins, Victor I	517158
Falkner, Barbara Marie	587013	Kirk, Sandra Andrews	521416
Farra, Diane Rae	560781	Kishbaugh, Shari Elizabeth	575583
Felkins, Bettye Lisa	557452	Kuntz, Eileen Marie	514331

**Insufficient Funds** - continued from previous page

<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
Kurylo, Kim Diane	580995	Rae, Lisbeth Sue	538984
Masters, Mary Jane	550218	Rosko, Lisa Marie	538707
Meyers, Stephanie	655919	Sanderson, Brenda Mary	538111
Milam, Vicki Jeannette	639563	Severtson, Marianne Maples	416386
Mitchell, Sandra	565160	Sloane, Gail Theresa	550406
Nims, Teresa Masadie	565233	Stringer, Jacqueline	TL 73896
Olivier, Marie Claudia	514361	Vasquez, Emerald J D	207588
Pangilinan, Julie	445792	Wilson, Vicki L	220897
Payne, Traci Lee	569734	Yoho, Amy Joyce	599381

## BNE EVENTS

### Board Meeting Schedule - 1999

**July 22-23**  
**October 28-29**

### Board Meeting Schedule - 2000

**January 20-21, in Temple**  
**April 13-14**  
**July 20-21**  
**October 12-13**

### Workshop Update

There will be two more “**Update on Nursing Practice**” workshops offered by the BNE this year:

**August 10 & 11 - Houston**  
**October 6 - Corpus Christi**

The BNE has scheduled a workshop for **nurse administrators** in San Antonio on **September 16** at the Four Points Sheraton on the Riverwalk. The date for this workshop was changed from September 8 as listed in the April 1999 *RN Update*. Registration forms can be downloaded from the BNE Web site located at [www.bne.state.tx.us](http://www.bne.state.tx.us) approximately six weeks prior to the workshops. Registration forms are found in the **BNE Events** section of the site.

## Looking to October...

### Legislative Update

In the October issue of *RN Update*, the BNE will look at bills that passed the 76th Texas Legislative Session which will impact the practice of nursing. Those bills which passed will become law on September 1, 1999 and staff of the BNE are reviewing these bills to determine whether new rules and/or amendments to existing rules need to be made to implement amendments to the NPA.

### **Center for Rural Health Initiatives Plans 1999 HealthFind to Include RNs and GNs**

The Center for Rural Health Initiatives (CRHI), the Texas State Office of Rural Health is charged to make a positive impact on healthcare accessibility and delivery in rural Texas. CRHI will be hosting an event called HealthFind where health care professionals can meet with representatives from rural Texas facilities, physician practices and communities. “It’s an invaluable, friendly environment for health care professionals and rural care representatives to meet each other and learn what each has to offer,” explained Sam Tessen, Executive Director of CRHI. Current registered nurses and those in training are invited to attend. This event takes place on September 26, 1999 in Austin. For more information or if you would like to attend, contact Bob Moore at CRHI. The toll-free number is (877) 839-2744. You can also contact Bob Moore by email at [bobmoore@crhi.state.tx.us](mailto:bobmoore@crhi.state.tx.us).

**BNE HELPFUL NUMBERS**

- |  |   |
|--|---|
| <p><b>MAIN NUMBER</b> .....(512) 305-7400</p> <ul style="list-style-type: none"> <li>-- 24 Hour Access</li> <li>-- License Verification</li> <li>-- General Information</li> </ul>   | <p><b>INVESTIGATIONS/COMPLIANCE</b>..(512) 305-6838</p> <ul style="list-style-type: none"> <li>-- Complaint and disciplinary action inquiries</li> <li>-- Violations of NPA rules and regulations</li> <li>-- Monitoring of disciplined RNs</li> </ul>  |
| <p><b>ACCOUNTING SERVICES</b>.....(512) 305-6853</p> <ul style="list-style-type: none"> <li>-- Returned checks</li> <li>-- Refunds</li> <li>-- Debits</li> </ul>   | <p><b>LICENSING</b>.....(512) 305-6809</p> <ul style="list-style-type: none"> <li>-- Renewals</li> <li>-- Endorsement/Reciprocity</li> <li>-- Continuing Education for RNs</li> </ul>   |
| <p><b>ADVANCED PRACTICE</b>.....(512) 305-6843</p> <ul style="list-style-type: none"> <li>-- APN application and Prescriptive Authority procedures</li> <li>-- Application Requests.....(512) 305-6867<br/><i>(Voice Box Only)</i></li> <li>-- Initial Authorization to Practice</li> <li>-- Prescriptive Authority</li> </ul> | <p><b>NURSING PRACTICE</b>.....(512) 305-6844</p> <ul style="list-style-type: none"> <li>-- Nursing practice issues</li> <li>-- Legislation</li> <li>-- Newsletter Information.....(512) 305-6842</li> <li>-- Workshop Information.....(512) 305-6840</li> </ul>  |
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--

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\_\_\_\_\_

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