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The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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Peripherally Inserted Central Catheters - PICC Line FAQs

NCLEX-RN Examination Passing Standard Revised for Public Safety

RN and APN Licensure Renewal

Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 210,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.



- From the President
- **Advisory Groups** and Committees
- Dates and Location of Scheduled Board Meetings
- **Duplicate Licenses**
- Payment Failures
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Ohio Board of Nursing 3

Board members each

serve a four-year term and may serve a second four-year term if reappointed. The terms of the thirteen Board members are staggered to provide continuity of Board activities. This year we welcome two members beginning new terms with the Board.

Anne Barnett, BSN, RNC is serving her second term on the Ohio Board of Nursing. She was reappointed by Governor Bob Taft prior to leaving office.

Anne completed her nursing education in 1970 at the Good Samaritan School of Nursing in Zanesville, Ohio. She continued her education at Ohio University completing her baccalaureate degree in nursing in 1994.

Anne began her nursing career as a charge nurse in a specialty surgical unit of Good Samaritan Hospital. In this role, she performed a variety of functions including medication administration, medical treatments, patient assessments and patient care planning. After several years, she shifted her focus to home care. Anne served as a Home Care Case Manager where she managed a caseload of between 25 and 30 patients. This position required coordination of services from a variety of disciplines.

After 20 years of providing direct patient care, Anne assumed the position of Home Care Patient Care Coordinator/Manager. In this role, she was responsible for the management of the main office and several



Cynthia A. Krueger RN, MSN Board President

branch offices. She was also responsible for the review and development of policies and procedures for patient care, quality improvement and risk management, financial matters, and hiring and evaluation of staff.

For the last eight years, Anne has been the Wound Management Center Manager for Genesis Health Care / Good Samaritan Medical Center in Zanesville, Ohio. In this role, she has been responsible for all aspects of Center management and the development of new programs.

Anne has been active with the Ohio Council of Home Care. Through the years she has served on its Compliance and Reimbursement Committee, Ethics Committee, CQI Teams, and Strategic Planning Committee. She is also a member of Sigma Theta Tau, Gamma Pi Delta.

In addition, Anne has served as a Board member of the Perry County Health Department and as a trustee for the Southeast District of the Ohio Association of Boards of Health.

Eric Yoon, RN, MSN, ACNP, CCNS is serving his first term with the Board. He was also appointed by Governor Bob Taft prior to leaving office.

THE TERMS OF THE
THIRTEEN BOARD
MEMBERS ARE
STAGGERED TO
PROVIDE CONTINUITY
OF BOARD ACTIVITIES.
THIS YEAR WE WELCOME
TWO MEMBERS
BEGINNING NEW TERMS
WITH THE BOARD.

Eric completed his nursing education at Wright State University in Dayton, Ohio in 1997. He continued his education at the University of Cincinnati College of Nursing, Cincinnati, Ohio where he obtained his Masters degree in Nursing with a major in critical care and trauma in 1999. Eric is currently pursuing a Doctorate in Public Health through Lacrosse University, St. Louis, MS.

Eric began his career as an emergency/trauma nurse at Miami Valley Hospital in Dayton, Ohio. He also worked for a period of time as a travel nurse. In 2001, Eric obtained a

position with Internal Medicine Care in Beavercreek, Ohio as an Acute Care Nurse Practitioner. While in this role, he was responsible for providing general medical care and treatment to patients at Cassano's Health Center, Grandview Hospitals, Southview Hospital, the private office, and several nursing homes. Currently, he is working as a nurse practitioner in primary care with Internal Medicine Care, Clayton, Ohio. Eric has continued with his emergency nurse background working parttime at Lima Memorial Hospital Emergency Room as a Nurse Practitioner.

Eric is a member of the Association of Clinicians for the Underserved, the National Health Services Corp, Sigma Theta Tau, Ohio Association of Advanced Practice Nurses, American College of Nurse Practitioners, and the Ohio Nurses Association. He holds a certificate to prescribe in the State of Ohio. Eric will be representing the Board on the Committee for Prescriptive Governance.

I welcome both Anne and Eric to the Board and look forward to working with them as we promote the nursing profession.

Yours truly,

Cynthia a. Kruegu

Cynthia Krueger, RN, MSN **Board President**

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When

Beginning January 1, 2007 for students who intend to start nursing education programs in the fall. The deadline for completed applications is June 1, 2007. You may also apply between June 2, 2007 and November 1, 2007 for new nurse education programs that begin on or after January 1, 2008.

Where

Please visit www.regents.ohio. gov/sgs/nealp and select "for future instructors" for more information.

Why

Awardees can receive at least \$5,000 per year, provided the applicant submits a letter of intent to work in the state of Ohio after graduation as a nursing faculty member. The principle and interest of the loans may be forgiven at a rate of 25% of the loan amount for each year the awardee works as a faculty member at an approved nursing education program in the state.

How

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Peripherally Inserted Central Catheters PICC Line FAQs

Frequently the Board of Nursing receives questions pertaining to peripherally inserted catheters or PICC lines. The following questions represent the majority of those questions. When responding to practice questions, the "Scope of Practice Decision Making Model" provides the tool to determine the legality, competency, safety and accountability of a given activity or task. The Model can be found at our website, www.nursing.ohio.gov, under the "Publications" link.

Question 1: "I am unable to find specific rules regarding RNs inserting PICC or midline catheters."

A Registered Nurse may perform nursing care that is beyond basic nursing preparation if certain criteria are met. Chapter 4723-4-03 (D), OAC discusses nursing care that an RN can provide that is beyond basic RN preparation. The RN should:

1. Obtain appropriate education from a recognized body of knowl-

- edge relative to the nursing care to be provided. For example, a PICC line certification course from a reputable source may serve as the appropriate education from a recognized body of knowledge.
- 2.Be able to demonstrate the appropriate knowledge, skills and abilities. Using the above example, a PICC line certification course may provide the didactic (lecture) component of gaining knowledge, "hands-on" skill acquisition through practice on "IV arms", and finally a preceptor component requiring a specified number of supervised PICC insertions.
- 3. Maintain documentation of competency. Keeping a record of how many PICC lines the registered nurse inserted, how many were successfully completed, further periodic, supervised PICC insertions, and tracking continuing education are examples of competency documentation.
- 4. Have an order in accordance

- with Section 4723.01(B)(5), ORC, to perform this care by an authorized individual acting within the course of the individual's professional practice.
- 5. Ensure that the nursing care does not involve a function or procedure prohibited by any other law or rule.

When these criteria are met, then the registered nurse should ask, "Is this activity or task safe and appropriate to perform with this patient/client at this time?" If the answer is "yes" then the nurse may perform the PICC line insertion according to acceptable and prevailing standards of safe nursing care.

Question 2: "Does a nurse have to be PICC certified to remove a PICC line?"

Again, this question raises the issue of nursing care that is beyond basic nursing preparation. Rule 4723-4-03(D), OAC applies here as well. The registered nurse should obtain the appropriate education

CONTINUED ON PAGE 10

ADVISORY GROUPS AND COMMITTEES

All meetings of the Advisory Groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-9970 to determine any change in the location, date or times from those listed.

Advisory Group on Nursing Education—February 8, April 12, June 14, August 9, October 11, and

December 13. Chair: Kathleen Driscoll

Advisory Group on Dialysis-

February 13, April 10, June 26, August 14, and October 9.

Chair: Debra Broadnax

Advisory Group on Continuing Education Approvers—April 27 and

October 5. Chair: Lisa Klenke

Committee on Prescriptive Governance—April 23 and

October 15.

Chair: Jacalyn Golden, MSN, CNP

2007 Members Ohio Board of Nursing		Term Expires
Cynthia A. Krueger, RN, MSN, President	Napoleon	2007
Teresa L. Williams, LPN, Vice President	West Union	2007
Debra Broadnax MSN, RN, CNS Supervising Member for Disciplinary Matters	Columbus	2008
Judith Brachman, Consumer Member	Columbus	2007
Elizabeth Buschmann, LPN	Oregon	2008
Kathleen O'Dell, RN, M.Ed., N.C.S.N	Greenville	2008
Janet L. Boeckman, RN, MSN, CPNP	Mansfield	2009
Patricia Burns, LPN	Mentor	2009
Kathleen Driscoll, JD, MS, RN	West Chester	2009
Lisa Klenke, MBA, RN, CNAA	Coldwater	2009
J. Jane McFee, LPN	Perrysburg	2009
Anne Barnett, BSN, RNC, CWS	Junction City	2010
Eric I. Yoon, MSN, ACNP, CCNS	Springboro	2010



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CONTINUED FROM PAGE 8

from a recognized body of knowledge, be able to demonstrate the appropriate knowledge, skills and abilities, maintain competency documentation, have an order, and ensure that the nursing care does not involve a function or procedure prohibited by any other law or rule. Finally, the registered nurse should ask, "Is this activity or task safe and appropriate to perform with this patient/client at this time?" If the answer is "yes" then the nurse may perform the PICC line removal according to acceptable and prevailing standards of safe nursing care and prepare to accept accountability for the nursing actions.

Question 3: "Can an LPN infuse anIVantibiotic through a PICC line?"

Qualified licensed practical nurses are authorized by the board to perform intravenous therapy procedures, for individuals 18 years old or older, if directed by a physician, APN or RN. A licensed practical nurse so designated may only administer the following intravenous fluids through a central venous line or peripherally inserted central catheter (PICC) and only when directed to do so by a physician, APN, or RN: dextrose 5%, normal saline, lactated ringers, sodium chloride 0.45%, sodium chloride 0.2% or sterile water; or subsequent containers of the aforementioned solutions containing vitamins or electrolytes provided an RN initiated the infusion of that same intravenous solution, Rule 4723-17-03, OAC. The regulations permit LPN's to administer intravenous antibiotics ONLY through a peripheral infusion.

It is outside the scope of practice of the licensed practical nurse to insert or remove a PICC line, Section 4723.17(D)(4), ORC. ■



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NCLEX-RN EXAMINATION PASSING STANDARD REVISED FOR PUBLIC SAFETY

The Nationl Council of State Boards of Nursing (NCSBN) voted at its December 5-7, 2006, meeting to raise the passing standard for the NCLEX-RN examination, the National Council Licensure Examination for Registered Nurses.

The new passing standard is -0.2100 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the previous standard of -0.2800. The new passing standard took effect on April 1, 2007, in conjunction with the 2007 NCLEX-RN Test Plan.

...THE NCSBN BOARD OF DIRECTORS EVALUATES THE PASSING STANDARD FOR THE NCLEX-RN EXAMINATION EVERY THREE YEARS...

> After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities that was required in 2004, when NCSBN established the current standard.

> The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RN's.

The Board of Directors used

multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterionreferenced standard setting procedure.

Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RN's.

NCSBN coordinates the passing standard analysis with the three-



The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RN's.

This three-year cycle was developed to keep the test content and passing standard current with entry-level practice. A PDF of the 2007 NCLEX-RN Test Plan is available free of charge from the NCSBN Web site (https://www. ncsbn.org/RN_Test_Plan_2007_We b.pdf).



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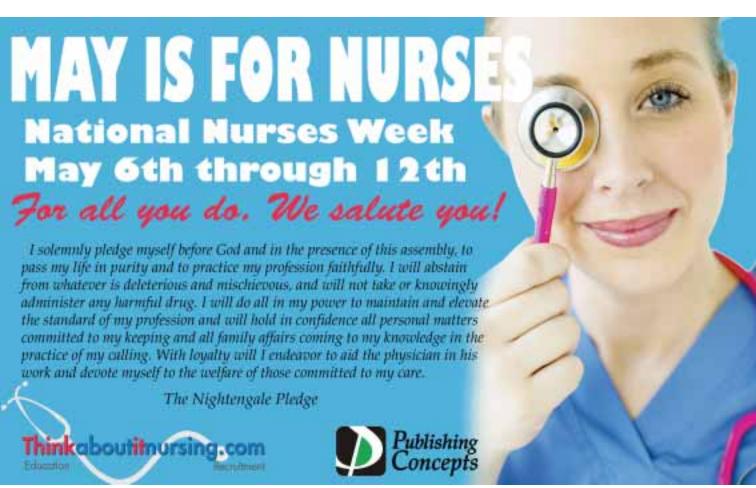
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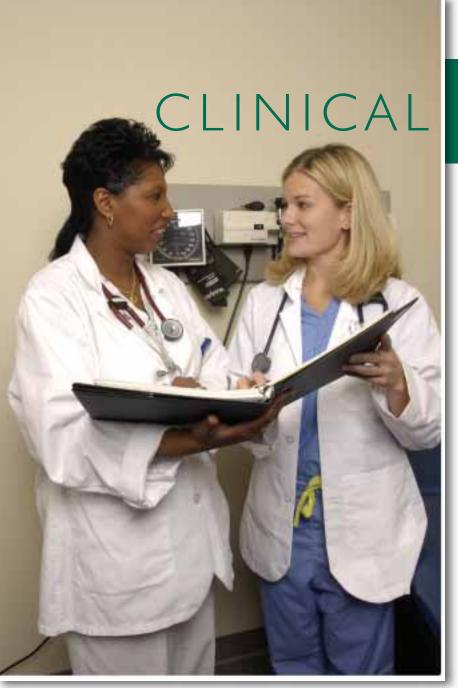






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Faith In Action



The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care. Sharing the vision for safe effective nursing care, in Fall 2005, the College of Nursing and Health at Wright State University offered a new graduate degree in Nursing—the Clinical Nurse Leader (CNL). The purpose of this new, innovative MSN is eloquently detailed in the Vision Statement regarding the CNL by members of the American Association of Colleges of Nursing (June 2004, p. 1) that states "the clinical nurse leader will champion innovations that improve patient outcomes, ensure quality care and reduce health care costs. The CNL integrates emerging nursing science into practice and leads the effort to enhance patient care. A recognized leader in all settings, the CNL is an advocate for reforming the health care delivery system and putting best practices into action".

Dramatic changes in the delivery of health care prompted many concerns about the quality of health care, the environment, the need for more

NURSE

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highly educated nurses, the need to attract and retain nurses in a time of substantial nursing shortage, the need for an expanded knowledge base for the practice of nursing, and the need to optimize the use of the advanced practice nurses like the CNS's and nurse practitioners in the health care setting. These concerns were identified by a variety of health professionals.

Complexity in the work environment in nursing has resulted in the inability to manage patient care effectively. Complexity issues are resultant of multitasks for nurses, increasing acuity of patients, and increased ratio of patients per nurse assignments.

In July 2002, as a result of these concerns, the American Association of Colleges of Nursing (AACN formed the Task Force on Education and Regulation for Professional Nursing Practice (TFER) to consult with major team players in nursing such as nurse executives, nursing regulators, and nursing educators in an effort to formulate a resolution to these concerns. The following outcomes were identified by TFER: a new nurse (CNL) would be prepared for clinical leadership in all settings, would implement evidence-based practice and quality improvement strategies, would create and manage Microsystems of unit-based health care that would be responsive to the health care needs of individuals, families, and communities. The CNL would be a generalist clinician with a unit-specific focus who would be educated at the master's degree level. Responsibilities of the new CNL would be to oversee the care coordination of patients and actively provide direct patient care in complex situations, serve as a resource for the entire nursing team, manage change at the unit level, and assure referrals are made for special needs of patients such as the need for services of clinical nurse specialists. Consequently, AACN proposed a new health care delivery system—the partnership model of health care that would be designed by the collaborative efforts of nursing education and nursing practice—as the key to making successful changes for high quality of patient care—including the initiation of the new CNL role.

In June 2004, AACN invited Partnerships (education and practice partners) to

Washington, D. C. for formal presentations on the CNL initiative. Since that time, AACN has worked closely with practice and education







partners to develop a curriculum for the CNL, as well as the development of a new, improved health care delivery system.

Wright State University College of Nursing and Health (nursing education partner) has worked with nursing practice partners (Premier Health Care Partners—Miami Valley Hospital, Good Samaritan Hospital and Maria-Joseph Living Center to design the curriculum for the CNL

at WSU College of Nursing & Health. In May 2005, the Dayton VA Medical Center joined the education-practice team and eagerly sought out the knowledge to become an informed practice partner. The successful marriage of WSU College of Nursing and Health and the practice partners to proactively fulfill the need for quality of care in our community has culminated in the new CNL Master's degree program at WSU. The number of schools of Nursing now involved in the CNL initiative has risen to almost 90 with the number of clinical practice partners reaching in excess of 185—indicative of a national interest to improve the effectiveness of patient care.

The curriculum for the CNL consists of seven core courses required by all MSN students in the CoNH at WSU, 3 courses in the Nursing Administration tract, 4 courses in the clinical advanced practice tract, a clinical course in clinical outcomes, a clinical course in health care environment, and a final practicum involving 32 hrs/week for 10 weeks in the clinical setting with a clinical preceptor and a nursing faculty preceptor. The major thread of the curriculum is clinical leadership detailing lateral integration of patient care, interdisciplinary accountability, and clinical expertise. The CNL is not a nurse manager, a clinical specialist, or a case manager but a clinical leader who serves as an advocate for staff, patients, and family at the point-of-care. The CNL is at the bedside and is constantly performing a micro-system analysis of unit-based care to maintain safe, effective care in a safe, effective environment.

As one of the 37 'early adopters' of the CNL program, Wright State University was one the first colleges of nursing to graduate CNL graduates in November 2006. In November 2006, the CNL graduates at Wright State University were the first CNL graduates to take AACN's national certification exam to become certified CNLs. There are now 83 Certified CNLs in the United States. Like other CNL programs in the USA, who have graduated and certified CNL graduates, WSU, along with AACN, will begin the evaluation of the new role in nursing

The project represents an intense national collaborative effort by nursing practice and nursing education rarely witnessed in the history of nursing. Wright State University College of Nursing and Health have been fortunate to work with practice partners who bring the knowledge and efforts to make the CNL a successive endeavor in our community—they are truly the shapers of nursing history and partners with the Ohio Board of Nursing in the pursuit to safeguard the health of the community.



RN and APN LICENSURE RENEWAL



INCOMPLETE APPLICATIONS MAY RESULT IN LATE OR LAPSED FEE CHARGES. AND DELAYS IN RECEIVING YOUR LICENSE.

If you are a registered nurse or advanced practice nurse in Ohio, your license will expire on August 31, 2007. It is your responsibility, to remember to renew your license and if applicable, advanced practice nurse certificate of authority. Advanced practice nurses will receive one application for their registered nurse license and their certificate of authority. Renewal notices and applications will be mailed during the month of May to the address that the Board has on file. It is extremely important to notify the Board of any name and/or address changes immediately. An incorrect name and/or address will delay the renewal of your license. A form for making the change can be obtained on the board website at www.nursing. ohio.gov under FORMS.

You may choose to renew on-line or by mail. On-line

renewal was available for registered nurses for the first time in 2005. More than 10,000 individuals renewed on-line, and found this process to be fast and convenient. The Board strongly encourages you to use this renewal method. You will receive a renewal notice through the mail with instructions, a personal ID, and password to use for on-line renewal. When renewing online you can pay the required application fee using Master Card or VISA credit cards, or debit cards with a MC or VISA logo.

It is strongly recommended that you submit your application for renewal and fee as soon as you receive it. Incomplete applications may result in late or lapsed fee charges, and delays in receiving your license. Fees for renewal are as follows:

Before July 1, 2007 registered nurses - \$65 advanced practice nurses -(1 COA - \$85)

July 1, 2007 through August 31, 2007 (processing late application

registered nurses - \$115 advanced practice nurses – (1 COA - \$135)

After August 31, 2007 (renew a lapsed license) registered nurses - \$165 advanced practice nurses -(1 COA - \$185)

Certificate to prescribe renewals -\$50 (no late or lapsed fees apply)

The Board audits thousands of nurses each year to determine compliance with continuing education requirements. If you were notified of an audit of your continuing education for the registered nurse licensing period of September 1, 2003 through August 31, 2005 and have not completed that audit by submitting the information required by the Board, you will not receive your renewal application for 2007-2009 until you complete the audit requirements.

Board staff are available to assist you in taking the necessary steps to renew your license/certificate of authority. If you have questions about the renewal process, please contact the Board at 614-466-0388 or by e-mail at renewal@nursing .ohio.gov, or if you are an advanced practice nurse, please contact us at apn@nursing.ohio.gov.

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Allen Medical Center - Oberlin

200 Lorain St., Oberlin, OH 44074; Fax: 440-775-9147

Clinical Coordinator - 12-hour shifts * RNs

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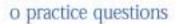
For more information and a list of all available job opportunities, please visit our website at www.community-health-partners.com or mail/fax your resume to ATTN: HR and the appropriate address listed above. EOE



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- o continuing education
- o leadership opportunities



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Disease Management (RN)

Full-time and Part-time positions available. Candidates should have a minimum of 3 years clinical experience, patient education experience, basic counseling skills and a familiarity with DM protocols and outcomes. Ability to work some evening hours is

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Documentation: A Critical Aspect of Client Care 5.4 Contact Hours | \$32

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Patient Privacy

5.4 Contact Hours | \$32

Professional Accountability & Legal Liability for Nurses 5.4 Contact Hours | \$32

Sharpening Critical Thinking Skills for Competent Nursing Practice 3.6 Contact Hours | \$22

DUPLICATE LICENSES

Duplicate 2	005-2007 • RN Licenses	244101	Angela King	240690	Ralph Wilson
RN 306948	Shannon Allen	149062	Viki Knapik	224204	Melissa Wilson
268176	Jodi Alting	201380	Nancy Kolaczko	217850	Robyn Wisti
	Kirsten Anor	217312	Terilynn Kroeger	244069	Annalisa Workman-Smith
	Lizbeth Antonoff	247277	Yvonne Lawson	123446	Terrie Wright
	Mary Atherton	155095	Kathleen Lehman		Denise Wright
300029	Mary Balch	252687	Vida Lepage		0 1
	Lakiesha Banks	308236	Christopher Lindberg	Dunlicato	2006-2008 • LPN Licenses
	Laura Barina	234955	Michelle Lounsbury		
	Carlye Bevely	299921	Teresa Lowe		Nicole Allen
123422	Deborah Bingham	245474		105931	Sina Amalaman
	Linda Bissonette	149971	Joan Maloy	095204	Anne Arnold
237833	Jovanka Blagojevic	143398	Alice Marantides	084402	Corinne Bauereiss
	Karen Bowe	259463	Lori Marietta	118893	Michelle Bosler
091718		179659	Beverly Martin	120455	Shonte' Bush
	Cheryl Bradas	145826	Kathleen Martin	075911	Joyce Carter
	Arevenese Brooks	195242		117834	Paula Chidester
	Joseph Cash	307795	Aimee Maulden	121108	Daniel Coleman
	Joan Centeno	231477		118747	Babette Cooper
	Catherine Courtland	309465		099192	Kimberly Cork
195051		304343	Joan McHugh	123934	Ginger Dickenson
319117	Debra Crocker	181683	Nancy McIntosh	093349	Cari Fannin
	Joylynn Daniels	229935	Sabina Mescher	117588	Rae Ferguson
	Michelle Darnell	221627	Theresa Metz	120849	Miriam Furman
	Patricia Davisson	245527		115240	Latina Grissom
	Martha Deetz	315864		088939	Anne Hawkins
231072		314587		015556	Rita Howard
	Nancy Dussel		Diana Otrusina	100499	Lisa Hunt
	Carrie Eckenrode	319222	Wendy Palcheff	065827	Beverly Johnson
247583			Patricia Pawlak	112860	Heather Kennedy
314860	Amanda Ficere	310680		058878	Kelly Koehler
234219		233932		107838	Athena Koutsopoulos
	Sarah Ford	295371		121015	Amy Koutsopoulos
	Maureen Fowler	319380	Anthony Reese	105468	Hailey Linton
	Maureen Gallagher		Pam Riczo	097734	Geneva Mabrey
227625	Teresa Gallagher	242521		118172	Shannon Monbeck
221020	Roy Gier	274482	Theresa Scott	087856	Michelle Noffke
	Rochelle Goins	267227	Thomas Seeley	114841	Dana O'Dell
172807		147326	Debra Selby	121901	Abiola Parker
	Kimberly Gunther-Karcsak	269383	Jan Sheridan	110051	Trineisha Patterson
		322291		082172	Imogene Peavy
	Beverly Haas Carol Hackett	275868	Norma Silverwood	117524	Carrie Shoop
	Jennifer Heisler	227325	Michelle Sima	119458	Jennifer Shundry
	John Helms	176582	Amelia Spence	026964	Susan Snyder
	Linda Hemmila	243874	Dennis Spring	117807	Mary Sprague
		324749	Michelle Stanforth	122781	Whitney Thompson
	Patricia Higgins Veronica Hosea	190502	Nancy Stolarsky	120528	Melissa Tucker
291557 315653		196793	Pamela Szymkowski	084545	Lillian Wilson
	Sarah Howe Amy Hull-Bottomley	257366	Robin Tate	120492	Rachel Zalenka
319441	Dianna Jones	311355	Pearl Thompson		
297930		172391	Alice Treiber		Current as of 4/07
239468	Lynn Kaplan Carolyn Kelly	327563	Patricia Vali		
302776	Sandra Kerg	265039	Angela Vettel		
304110	Sanura Kerg	200000	miscia venei		

WHAT IS A DUPLICATE LICENSE?

A duplicate license is issued to replace a lost, destroyed, or stolen license.

To receive a duplicate license, complete the form Affidavit of Lost Document, and submit a \$25.00 replacement fee. The Board will issue a license with the designation "Replacement"

stamped across the top of the license. Once a duplicate is issued, the original wallet copy should not be used.

Each issue of Momentum lists those licenses for which a duplicate is issued during the months immediately preceding publication.



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PAYMENT FAILURES

There is often a lag-time between the time a payment is processed by the bank and the time the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. The purpose of publishing this list is to notify current and potential employers and to reach the individual when other avenues have failed.

Each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates, or licenses will not be considered complete until proper payment has been rendered. If payment is not received within 30 days after notice is provided, licensee information is turned over to the Compliance Unit and recommended for investigation. Individuals found to be working on a lapsed license may be subject to discipline.

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

Registered Nurses

RN 179628	Cheryl Balogh
RN 234395	Robert Clarke
RN 284031	Deborah Conner
RN 081572	Mary Hartmann
RN 254146	Ann Jarven
RN 276251	Julie King
RN 099852	Jane McCutcheon
RN 256289	Linda McDaniel
RN 169684	Bernadette Queener
RN 288354	Shelia Smith
RN 229036	Dundee Sweetland
RN 300574	Jacque Young

Licensed Practical Nurses

PN 111993	Liza Avenson
PN 080412	Vera Bazemore
PN 038360	Daisy Brown
PN 109961	Sandra Carter
PN 107371	Patricia Edington-Wallace

PN 077423 Barbara Freeman PN 105124 Lisa Groves PN 102088 Mildred Highlander PN 113680 Kathy Holsinger PN 089727 Janice Jenkins-Williams PN 026851 Eugenia Lauinger PN 090330 Vickie Lawson PN 113609 Miranda Pastol PN 101307 Tisa Rice PN 095293 Susan Runion PN 109807 Stacey Townsend PN 099429 Paige Wilson PN 099756 Wende Wilson Jeanease Zimmerman PN 068305

Dialysis Technicians

DT 1459 Lisa Miljour

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, please do not assume from the name **alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at www.nursing.ohio.gov by clicking on Verification.

Did You Change Your Name? Did You Change Your Address?

- Provision of your social security number is mandatory [RC 3123.50] and may be provided for child support enforcement purposes [RC 3123 et seg.], reporting requirements to the Healthcare Integrity and Protection Data Bank [42 USC §1320a-7e(b), 5 USC §552a, and 45 CFR pt 61], and to facilitate the processing of your licensure.
- . A change in name must be accompanied by a certified copy of a marriage certificate/abstract or divorce decree, a certified copy of a court record, or a certified copy of documentation consistent with the laws of the state where the change occurred. A certified copy can be obtained directly from the court where the original record was filed.

Did You Notify The Ohio Board of Nursing?

Name and/or Address Change Form (Please type or print)				
License # _				
	ation: Name			
Changes:	Name•			
Address				
	ate			

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- *Neonatal Intensive Care Unit Must be NNP with COA and Prescriptive
- *Pre-Surgical Evaluation Must be FNP with Prescriptive Authority.

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RN-ER- Full-time, 7am-7:30pm RN-ER- Float, Full-time, Variable RN-ICU- Full-time, 7am-7:30pm RN-Med/Surg Float-Full-time, Variable Surgery- Full-time Medical Oncology-Parttime Surgical Tech-PRN RN (New) Progressive Care Unit Full-time (Hours: 7:00 pm - 7:30 am)

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- Identify the powers and responsibilities of the board
- Examine the definition of licenses and the duties of licensees
- · Recognize the disciplinary authority of the board and due-process procedures
- Distinguish between alternatives to discipline

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