

MOMENTUM

Summer 2007 • Volume 5 Issue 3



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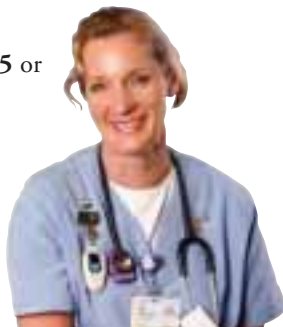
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The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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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.

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Employment Recruitment



Cynthia A. Krueger
RN, MSN
Board President

Later this year, the Board plans to conduct a nursing Workforce Survey. The last survey conducted by the Board was in 2003. If you held an active license in 2003, you received a survey by mail to complete. The survey results are still available on the Board web site at www.nursing.ohio.gov.

This year, rather than a mailed survey, the survey will be electronically processed through the use of SurveyMonkey™, a company that specializes in conducting surveys and compiling the data. The use of Survey Monkey™ will be

the most efficient and cost effective method of conducting a survey of approximately 200,000 nurses in Ohio!

The goal of the survey is to provide a “snapshot” of the nursing workforce in Ohio. It will consist of questions to gather information about work setting, employment status, education, practice area, ethnicity, age, and plans to continue to practice nursing.

**THE SURVEY WILL
CONSIST OF
QUESTIONS TO GATHER
INFORMATION ABOUT
WORK SETTING,
EMPLOYMENT STATUS,
EDUCATION, PRACTICE
AREA, ETHNICITY, AGE,
AND PLANS TO
CONTINUE TO
PRACTICE NURSING.**

When the survey is available, the Board will place an alert on the Board web site with a link to the survey. Also, we will send an eNews to alert nurses about the

survey. ENews is a free electronic subscription service used to inform subscribers, via email, of Board information. If you are not a subscriber, please sign up by going to the Board web page under the Subscribe option that appears on the left-hand side of our home page. To register as a subscriber, you will be asked to press the SUBSCRIBE button. Your default email software should open a blank message already addressed to the Board with the word 'subscribe' in the subject line. Simply send that email and you will be added to the list within 48 hours provided the email address received is valid.

Also, the survey should take less than ten minutes to complete. Please complete the survey to provide researchers, educators, employers, and legislators information about the nursing workforce in Ohio! Stay tuned.... ■

Yours truly,

Cynthia Krueger, RN, MSN
Board President

DUTY TO REPORT Misconduct of Nurses

The Ohio Board of Nursing (Board) continues to receive a significant number of questions regarding employers' duty to report misconduct and possible violations of the nursing law and rules by licensed nurses. The Board is concerned that many employers are not reporting misconduct to the Board.

Section 4723.34(A)(1) of the Ohio Revised Code (ORC) mandates that reports to the Board shall be made by every employer of registered nurses and licensed practical nurses. The employer must report the name of any current or former employee who holds a nursing license issued by the Board who has engaged in conduct that would be grounds for disciplinary action by the Board under Section 4723.28, ORC. (While there are similar provisions for employers reporting dialysis technicians and certified community health workers, the focus of this column is nurses.)

Conduct by a licensed nurse that would be grounds for disciplinary action in Section 4723.28, ORC, includes, but is not limited to, failure to practice in accordance with safe nursing care standards, violations of maintaining professional boundaries, positive drug screens, diversion of drugs, or impairment of the ability to practice nursing. The employer is required to report even if the nurse has been

referred to an employee assistance program or is participating in a remediation program.

If the employer is not sure about

reporting a possible

violation to the Board, the employer should report the situation, so the Board can conduct an investigation, review the facts and circumstances, and make a determination regarding whether a violation occurred. The law does not require that the employer conduct a full investigation and determine if the nurse has violated the law or rules prior to filing a complaint with the Board.

The Board encourages nursing supervisors and managers who believe there are grounds for discipline to report to the Board. It is not uncommon for nursing supervisors and managers to say that they have been discouraged from reporting nurses to the Board because the situation is being handled internally. While the employer may investigate or take action, nothing prevents the nurse from leaving that work setting for another and repeating the



Betsy J. Houchen
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Executive Director

CONTINUED ON THE NEXT PAGE

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dangerous practice or behavior, thereby endangering additional patients. The mission of the Board is to protect the public and the Board is unable to take steps to do so if employers, supervisors, and managers are not reporting possible misconduct to the Board.

Lastly, employers who use nurses from staffing agencies or travel companies need to ensure that complaints are filed with the Board either by the staffing agency, travel company, or by the practice setting where the nurse is working on assignment. The Board is aware of situations where nurses working for staffing agencies or travel companies were not reported and subsequently the nurses continued to practice in other settings repeating the same violations and endangering the public. The Board is proposing an amendment to the Nurse Practice Act that would require an employer/facility, as well as the agencies who staff the nurse, to report licensees or certificate holders from staffing pools or agencies who were assigned to and working at the facility or other work setting.

While the Board understands that not every practice or medication error needs to be

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reported, employers need to consider, among other things, the egregiousness of the error, the potential or actual harm, and patient outcome. If a one-time error was egregious in nature or resulted in patient harm, the incident should be reported. Further, if the employer is aware of a pattern of errors or concerns, the employer should report the concern. Even if the employer is not sure whether there is enough evidence to prove a violation, the employer should file a complaint so Board investigative agents can conduct a detailed investigation. The Board may have other investigatory information and the newly reported information may now indicate a more serious problem or a pattern.

The fact that the Board has received information and is investigating a licensee is confidential and would not be disclosed to the public. The Board keeps complaints and information obtained about those who are under investigation confidential, as required by Section 4723.28(I)(1), ORC. Based on the evidence obtained during the investigation, the Board may pursue disciplinary action or close the complaint. In the interest of protecting patients, always report nurses if you believe there are grounds for disciplinary action.



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Placing your **License** or **Certificate** on Inactive Status

Registered nurses and licensed practical nurses who do not plan to practice nursing in Ohio may place their current license on inactive status. This is especially appropriate when the decision not to practice is temporary. Nurses in advanced practice roles (certified nurse-midwives, certified nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists) may place their certificate of authority (COA) or certificate to prescribe (CTP) on inactive status if they do not plan to practice in an advanced practice capacity.

When a nurse places their license and/or certificate on inactive status, the nurse shall not engage in the practice of nursing, use the titles, or represent themselves as such. If requesting inactive status at the time of renewal, the nurse must check the appropriate box on the licensure renewal application that indicates the licensee or certificate holder wants to be placed on inactive status. If requesting inactive status at a time other than renewal, the nurse must submit a written statement to the Board requesting inactive status and include their current license and/or certificate.

To return a nursing license to active status, the nurse must contact the Board to obtain a renewal application. Once the Board receives the completed application, appropriate fee, and satisfactory documentation that the continuing education requirements were met, the Board will reissue a license.

Registered nurses and licensed practical nurses who place their license on inactive status, and re-activate in less than 5 years, will be required to complete the following during the twenty-four months immediately preceding the request for reactivation:

- ❑ One (1) contact hour of Category A continuing education related to Chapter 4723. of the Ohio Revised Code and the rules of the Board; and
- ❑ Twenty-three (23) additional contact hours.

Registered nurses and licensed practical nurses who place their license on inactive status, and re-activate after 5 years or more, will be required to submit the following during the twenty-four months immediately preceding the request for reactivation:

- ❑ Two (2) contact hours of Category A with learning objectives that address scopes of practice for registered and licensed practical nurses, standards of safe practice, and nursing delegation;
- ❑ Six (6) contact hours with learning objectives that address application of the nursing process and critical thinking, clinical reasoning, or nursing judgment related to patient care;
- ❑ Six (6) contact hours pertaining to pharmacology with learning objectives that include, but are not limited to, drug classifications, medication errors, and patient safety;
- ❑ Two (2) contact hours that include learning objectives related to clinical or organizational ethical principles in health care; and
- ❑ Eight (8) hours that include learning objectives related to an area relevant to the nurse's practice.

See Rule 4723-14-03 of the Administrative Code.

To return a COA to active status, the nurse must contact the Board to obtain a renewal application. Once the Board receives the completed application, appropriate fee, and satisfactory documentation of their continued applicable national certification status

CONTINUED ON PAGE 10

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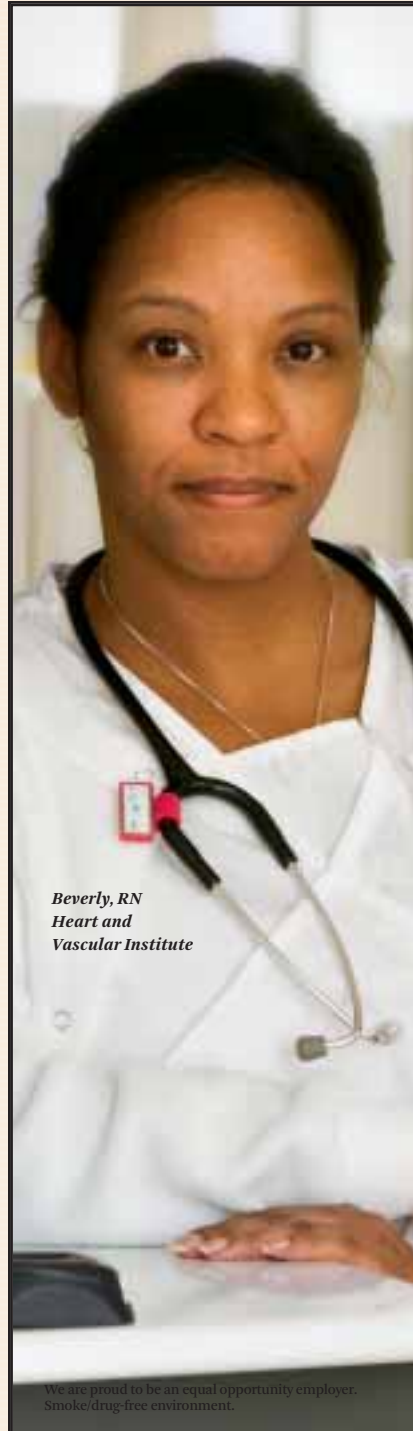
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throughout the period during which the COA was inactive, the Board will reissue a COA. In the case of a certified registered nurse anesthetist, the nurse shall maintain initial national certification as a nurse anesthetist and provide proof that the nurse has met the criteria of the national certifying organization. In the case of a clinical nurse specialist who is not certified by a national nursing certifying organization, the nurse shall obtain twelve (12) hours of continuing education in addition to the twenty-four (24) required for renewal as a registered nurse. See Rule 4723-8-07.

To return a CTP to active status, the nurse must contact the Board to obtain a renewal application. Once the Board receives the completed application and appropriate fee, the Board will reissue a CTP. If the CTP has been placed on inactive status for three years or longer, the nurse seeking to reactivate must first obtain an externship CTP and must meet all of the requirements of externship including completion of the pharmacology course. See Rule 4723-9-06.

If you have any questions regarding placing your license or certificate on inactive status, you may e-mail the Board at renewal@nursing.ohio.gov or apn@nursing.ohio.gov ■

• **RN Renewal Update:** Due to a printing error, some licensees may receive two copies of their renewed RN license. The law states that a licensee can only possess one valid copy of a nursing license. If you receive a second license copy, please destroy it or return it to the Board. •



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Grady Hospital is one of the more recent additions to OhioHealth and its membership will ensure that quality, compassionate healthcare is available in Delaware County for generations to come. It also provides increased access to a greater continuum of care for patients from Grady to OhioHealth's other facilities in central Ohio, including Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital. Doctors Hospital is one of just three Columbus area hospitals to receive designation as an accredited chest pain center. In addition, watch for the opening of OhioHealth's new Dublin Methodist Hospital, expected January 2008.

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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, JD, MS, RN

Advisory Group on Dialysis—February 13, April 10, June 26, and October 9.
Chair: Debra Broadnax, MSN, RN, CNS

Advisory Group on Continuing Education Approvers—April 27 and October 5.

Chair: Lisa Klenke, MBA, RN, CNAA

Committee on Prescriptive Governance—April 23, August 27, and October 15.

Chair: Jacalyn Golden, MSN, CNP

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Interpretive GUIDELINE

At its July 2007, meeting the Board approved its latest Interpretive Guideline: *The Registered Nurse's role in the care of patients receiving intravenous moderate sedation for medical and/or surgical procedures*. This Guideline and others approved by the Board are available for download from the Board's website www.nursing.ohio.gov within the Nursing Practice Section. In its approval of this and other Interpretive Guidelines, the Board does not announce a new rule but instead gives licensees specific guidelines regarding their obligations under existing law and rules.

Title: The Registered Nurse's role in the care of patients receiving intravenous moderate sedation for medical and/or surgical procedures.

The registered nurse responsible for monitoring the patient during the procedure should not engage in other activities that would divert the nurse's attention from the patient.

Moderate sedation/analgesia is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is NOT considered a purposeful response. This definition, recognized by the American Association of Nurse Anesthetists and the American Society of Anesthesiologists, is utilized for the purpose of the Interpretive Guideline.

This Interpretive Guideline is not meant to include the provision of nursing care within a medical mobile transport unit and in clinical circumstances where the patient is intubated, or is being emergently intubated, and ventilated.

Guidelines for Registered Nurse administration of medications, and monitoring of patients receiving intravenous moderate sedation for medical/surgical procedures (section 4723.01(B) Ohio Revised Code (ORC)):

The scope of practice for registered nurses may include administration of sedating medications for purposes of providing procedural moderate sedation, and to monitor the sedated patient prior to, during and after the procedure, in

circumstances where the safety and well being of the patient can be ensured through a supportive clinical environment that contains appropriate monitoring capabilities and the availability of the necessary health care personnel and equipment to address complications.

The administration of the sedating medication and monitoring of the sedated patient may be within the scope of registered nursing practice if the following guidelines are observed:

A. The registered nurse may execute the moderate sedation regimen with a valid authorized provider order. An authorized provider is an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice which includes, but is not limited to, adherence to the institution's credentialing requirements for the provider to perform moderate sedation procedures, or Chapter 4731-25 Ohio Administration Code (OAC), Office Based Surgery:

1. The registered nurse, who has acquired the necessary knowledge and competency, may administer an anesthetic agent for the purpose of moderate sedation in the presence of the authorized provider who:
 - a. Has institutional privileges/credentials to utilize anesthetic agents for procedural moderate sedation or
 - b. Who adheres to Chapter 4731-25 OAC, Office Based Surgery.
2. The registered nurse may administer other sedating

medications, those that are not classified as anesthetic agents, taking into consideration:

- a. The patient's safety,
- b. The effects of the medication, and
- c. Other clinical support factors.

B. In executing a nursing regimen, the registered nurse should:

1. Monitor the sedated patient's parameters that include, but are not limited to:
 - a. Hemodynamic measurements and status
 - b. Respiratory parameters
 - c. Mobility
 - d. Level of consciousness and perception of pain
2. Communicate changes in patient status to the authorized provider performing the procedure and to other appropriate personnel;
3. Implement, as required, emergency measures to optimize the patient's respiratory and circulatory status until other healthcare personnel assume care of the patient. This may include utilization of appropriate airway devices.
4. Maintain continuous intravenous access.

A registered nurse should not engage in activities that are the practice of anesthesia care and/or the practice of medicine and surgery in Ohio. Therefore, a registered nurse who does not hold

a certificate of authority to practice as a Certified Registered Nurse Anesthetist should not:

1. Administer medications to induce deep sedation and/or anesthesia;

“Deep sedation/analgesia” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained (Rule 4731-25-01(C) OAC); and

“General anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (Rule 4731-25-01(D) OAC)

2. Independently select the medication or dosage to be administered during a procedure.

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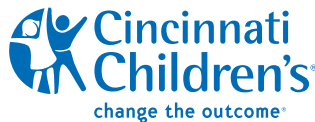
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www.cincinnatichildrens.org



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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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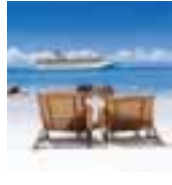
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| DAY | PORT | ARRIVE | DEPART |
|--------|----------------------|---------|---------|
| Sun. | Miami | | 4:00 PM |
| Mon. | Nassau | 7:00 AM | 2:00 PM |
| Tues. | "Fun Day" at Sea | | |
| Wed. | St. Thomas/St. John* | 9:00 AM | 8:00 PM |
| Thurs. | St. Maarten | 7:00 AM | 6:00 PM |
| Fri. | "Fun Day" at Sea | | |
| Sat. | "Fun Day" at Sea | | |
| Sun. | Miami | 8:00 AM | |

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COMPLIANCE

compliance

SCENARIO: During a conversation with an advanced practice nurse one day at work, a nurse co-worker mentions problems she is having with her teeth. The nurse reports that her dentist is out of town and she is out of her pain medication. She asks the advanced practice nurse to write her a prescription for a controlled substance to “get her through” until she gets to the dentist next week. The advanced practice nurse debates the issue to herself reasoning that her

co-worker is a great nurse, a good friend, and the advanced practice nurse feels that she knows the nurse well since they work together on a daily basis. The advanced practice nurse decides to write a prescription for her co-worker for 30 tablets of a narcotic pain medication and reiterates that she needs to get her dental issues resolved. Over the next several months, the advanced practice nurse issues prescriptions to her co-worker on three subsequent occasions.

PROBLEM: This scenario and similar situations are repeated in hospitals, nursing homes, physician’s offices, and every place that nurses, advanced practice nurses, and physicians interact. What many professionals do not realize is this seemingly well-meaning scenario circumvents standards that protect professionals and their patients, and potentially involves deceptive intent that could result in law enforcement involvement and possible criminal prosecution.

The nurse in this scenario had also been obtaining controlled substance prescriptions from several physicians’ coworkers in addition to the prescriptions provided by the

unknowing advanced practice nurse.

The nurse/patient who obtained the prescriptions could face criminal charges for Deception to Obtain a Dangerous Drug, a fifth degree felony.

The nurse’s behavior in this scenario also suggests specific violations of the Nurse Practice Act, Chapter 4723. of the Ohio Revised Code (ORC). Specifically Section 4723.28(B) (8), (ORC), self-administering or otherwise taking into the body any dangerous drug, as defined in Section 4729.01, ORC, of in any way not in accordance with a legal, valid prescription issued for that individual; and Section

4723.28(B) (13), ORC, obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice. The

THINK CAREFULLY ABOUT YOUR RESPONSIBILITIES AND ROLE AS A HEALTH CARE PROFESSIONAL...

advanced practice nurse could also face action by law enforcement for violations of drug laws rather than the situation being viewed as issuing a legal, valid prescription. The advanced practice nurse is also

subject to disciplinary action by the Board for violations of Section 4723.28(B) (19), ORC, authorizing the Board to discipline a licensee for failure to practice in accordance with acceptable and prevailing standards of safe nursing care. Also, Section 4723.28 (B) (16), ORC, and Rule 4723-9-09 (D), OAC, provide that except in an emergency situation, a nurse holding a valid certificate to prescribe shall not prescribe for a family member or other individual for whom the nurse's personal or emotional involvement may render the nurse unable to exercise detached professional judgment in making diagnostic or therapeutic decisions.

Consider these questions:

- Does the advanced practice nurse have a provider to patient relationship with the individual and is there a medical record reflecting examination and treatment?
- Does the advanced practice nurse really know what the nurse is doing with the controlled substances she prescribed or why she is continuing to fail to follow up with her purported dentist?
- Is the advanced practice nurse taking the prescription as prescribed?
- What if the nurse decides to give a few of these pills to a friend or worse yet, what if she is selling them?

There are numerous issues that could lead to trouble for the pre-

scriber. The bottom line is that any advanced practice nurse holding a certificate to prescribe could be opening themselves up to possible disciplinary action. Think carefully about your responsibilities and role as a health care professional and be aware of the possible consequences

of your actions.

You can access the nursing law and rules, practice materials, and other information on the Board web site at www.nursing.ohio.gov. If you have practice questions, please e-mail the Board at practice@nursing.ohio.gov.



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Duplicate 2005-2007 • RN Licenses

RN 177574 Nancee Albright
321012 Jennifer Badia
171303 Gary Barker
308479 Margaret Barrera
307098 Amanda Bayless
143773 Cynthia Belford
169898 Carrie Belnoski
306317 Lisa Borden
77615 Mary Carney
327409 Ashley Coleman
240412 Leah Cruz
192802 Michelle Donnelly
267083 Vicki Hathaway
116367 Mary Jackson
241512 Vonda Keels-Lowe
277817 Rebecca Lee
296622 William Lightner
209454 Sheila Mason-Smith
228133 Louise Matlock
251120 Jackie Newsome
269276 Kathy Pacifico
112520 Cheryl Patterson
234688 Margaret Price
316668 Rebecca Nos
290078 Heidi Schlatter
300432 Denna Teece
234545 Helen Tubbs
272339 Alberta Williams

Duplicate 2007-2009 • RN Licenses

RN 233463 Jan Fracker
148105 Marilyn Trowbridge
233996 Vivian Killion
233986 Bonnie Hammons

Duplicate 2006-2008 • LPN Licenses

PN 106885 Douglas Ahlers
121647 Amanda Barnes
103352 Karen Barnes
75238 Timothy Becker
112869 Christie Benson
84116 Robin Branson
101446 Cheryl Cantrell

105970 Ebony Chaney
78920 Nancy Colo
62668 Mary Cross
116698 Lacey Crosser
45211 Clara Finck
74286 Regina Fishbough
101270 Karin Foth
90598 Nora Fox
111739 Kristina Gaiters
109669 Ann Gay
90119 Janet Gelsingier
121987 Carol Goins
123016 Betty Hall
84211 Catherine Haskins
60688 Carole Heeter
82762 Kimberly Hensley
35771 Rosemary Hinesmon
119937 Michelle Imbrogno
117293 Natisha Jackson
117897 Cherie Johnson
102517 Danetta Kerns
125240 Colleen Knecht
102920 Amy Lane
48312 Mary Lear
96680 Dale Lee
107060 Jack Marsh
105613 Shana Marvin
101727 LaShawn Miller
122898 Phillip Moore
116275 Miriam Neely
36539 Margie Nemergut
101735 Kristine Olszewski
105630 Cheryl Pollard
117193 Shelly Reker
119635 Amber Rush
27006 Ann Schneider
86268 Rhonda Skaggs
122764 Girlie Starcher
76808 Mary Steffen
87575 Elizabeth Wade
114004 Cecile Watters
51720 Michelle Wilson
85182 Nora Zack

Current as of 8/07

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 080412 Vera Bazemore
 PN 104114 Sonya 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 108871 Patricia King
 PN 026851 Eugenia Lauinger
 PN 110478 Yvonna Meadows
 PN 113609 Miranda Pastol
 PN 101307 Tisa Rice
 PN 095293 Susan Runion
 PN 109807 Stacey Townsend
 PN 072927 Genevieve Williams
 PN 099429 Paige Wilson
 PN 099756 Wende Wilson
 PN 068305 Jeanease Zimmerman

Dialysis Technicians

DT 01459 Lisa Miljour
 DT 01610 Carmen Russell

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 seq.], 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 # _____

SS# • _____

Old Information: Name _____

Address _____

County _____

Changes: Name • _____

Address _____

County _____

Effective Date _____

Signature _____

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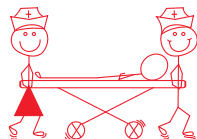
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