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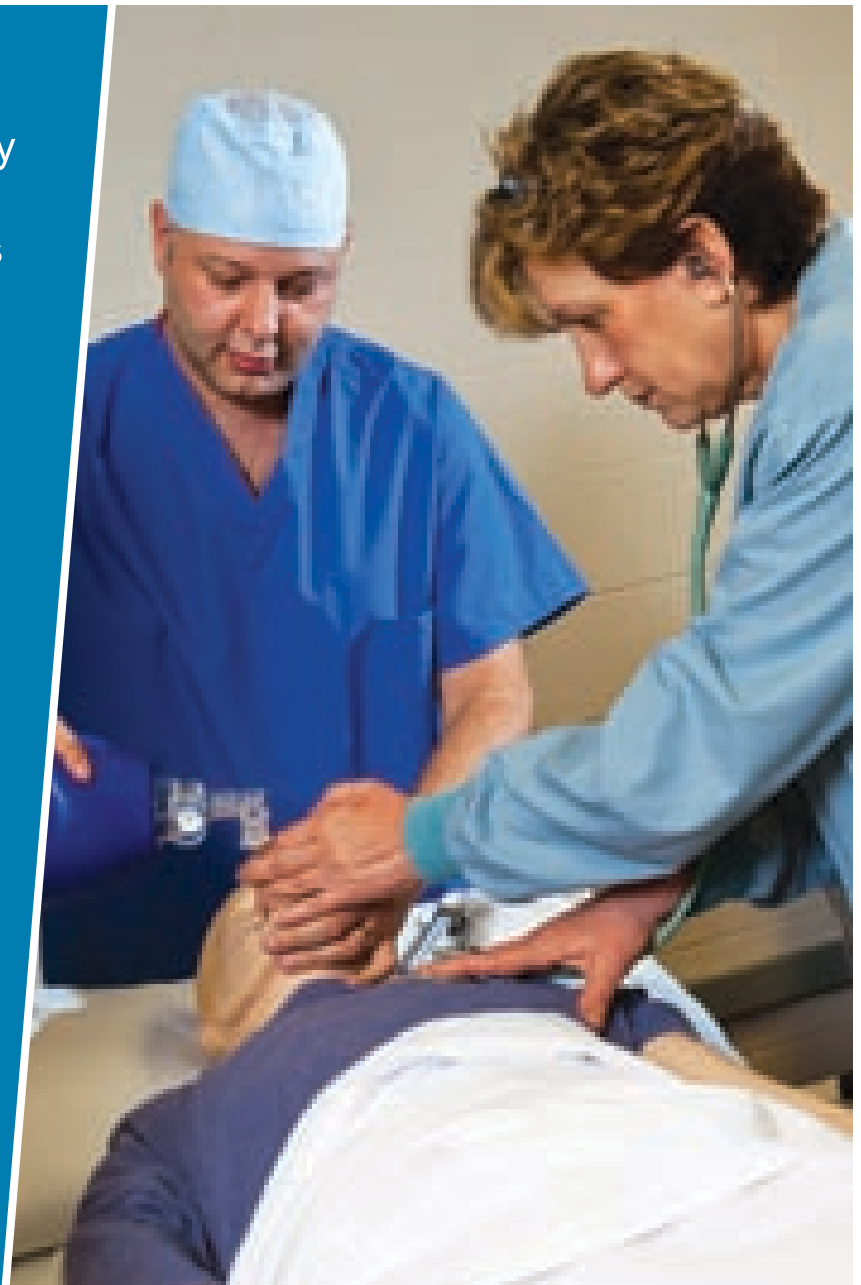
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The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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Cover: Ohio Governor Ted Strickland presents Board President Lisa Klenke and Executive Director Betsy Houchen with a proclamation recognizing the Ohio Board of Nursing winning the 2009 NCSBN Regulatory Achievement Award.

Photo credit: Chris Kasson

Momentum reaches every nurse, dialysis technician, medication aide, and community health worker, 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.



Lisa Klenke, MBA, RN
Board President

The Board is so proud of its 2009 Regulatory Achievement Award, and we thank Gov. Strickland for his recognition of the Board's achievements! The National Council of State Boards of Nursing (NCSBN) selected the Ohio Board of Nursing to receive the award. NCSBN advances regulatory excellence for public protection and is composed of 59 boards of nursing and territorial jurisdictions that regulate the practice of nursing.

The award is based on (1) effective leadership in the development, implementation and maintenance of licensing and regulatory policies; (2) active collaborative relationships with the public, other state boards, and NCSBN; (3) active participation in NCSBN; and (4) demonstrated advancement of the NCSBN mission, providing leadership to advance regulatory excellence for public protection:

"The Regulatory Achievement Award recognizes the member board that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare."

We thank the North Carolina and West Virginia RN Boards for their letters of support. North Carolina writes, "I presented North Carolina's experience with Just Culture and Practice Remediation to [Ohio] Board members as they are exploring how



to best implement Just Culture and expand their Practice Intervention and Improvement Program (PIIP) ... [which] was truly the frontrunner for early intervention remediation programs for practice breakdown. I have also experienced working with several of [Ohio] Board's staff through various NCSBN Committees and other initiatives of NCSBN. ...Staff from the Ohio Board ... have made significant contributions to the success of the Committees."

The West Virginia RN Board relates their experience in working directly with the Ohio Board on an issue of significant concern to them involving nursing students and education programs. The Ohio Board took action immediately, and the West Virginia RN Board and nursing education programs in West Virginia expressed their gratitude for Ohio's responsiveness and quick resolution.

On behalf of all board members, we thank NCSBN, Gov. Strickland, and other state boards of nursing for this recognition. We applaud the many achievements of our dedicated staff who are committed to the work of public protection! •

Lisa R. Klenke



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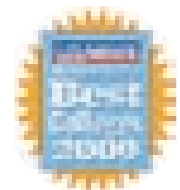
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How proud we are! To be selected to receive the 2009 NCSBN Regulatory Achievement Award is truly an honor. As executive director, I could not be more pleased with our staff's accomplishments in promoting the safe and effective practice of nursing. I would like to highlight the selection criteria and provide some examples of the Board's achievements in each category.

(1) Criteria: Effective leadership in the development, implementation and maintenance of licensing and regulatory policies. The Board's goal is to license and renew licenses of qualified applicants as quickly as possible so they enter or remain in the workforce. To this end, we expedited licensing and renewal through a new system of online renewals, use of electronically transmitted data for the criminal records check process, and piloting an online system through which applicants can view the status of their applications. The Board is addressing practice errors by working more closely with employers and will pilot a project that focuses on the employer's more prominent role in practice remediation and gathering practice breakdown data, and in turn, the Board will use Just Culture criteria to determine discipline thresholds when a practice deficiency rises to the level of disciplinary action. In 2007, the Board realized additional guidance was needed to respond to emerging practice issues, and in response developed Interpretive Guidelines.

For innovation in education and removal of barriers, regulations have been amended over the last two years to allow more individuals to serve in administrative, faculty or instructive capacities.

(2) Criteria: Active collaborative relationships among Member Boards, NCSBN, and the public. Upon learning there was an issue restricting the clinical experience of students enrolled in border states' nursing education programs, the Board amended the requirements to prevent an adverse outcome for students and education programs. The Board collaborated with state policy makers to promote the education of nurses and nursing faculty, through the administration of the Nurse Education Assistance Loan Program and the Nurse Education Grant Program. The Board collaborated with regional nursing centers to launch a virtual Center for Nursing and participate in the National Forum for Centers for Nursing. A Board representative was appointed by the Speaker of the House to the Nursing Education Study Committee, a statewide legislative committee to review educational issues.

(3) Criteria: Demonstrated advancement of the NCSBN mission, "...provides leadership to advance regulatory excellence for public protection." Ohio recognizes the importance of a national nursing database and submits licensure and discipline data for access by other state boards and the public. Ohio is actively




Betsy J. Houchen,
RN, MS, JD
Executive Director

working with NCSBN to develop a national patient safety database that will track practice breakdown cases and identify generic patterns in errors and risk factors so that new approaches to prevent practice breakdown can be developed. To address violations of the Nurse Practice Act, Ohio is on track to process over 6,000 complaints this year. We increased public access to discipline information through our licensing verification system, reduced fraud by eliminating paper wallet cards, assisted in the development of a national NCSBN Fraud and Imposter Tracking System, and initiated comparative searches between the Board's licensure database and data from the state's sexual offender eSORN system.

We are honored to receive the NCSBN 2009 Regulatory Achievement Award and that Gov. Strickland has recognized the Board's outstanding regulatory achievements and accountability to Ohio citizens. •

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APN Frequently Asked Questions

FAQ

(Based on law and rules in effect 06/01/2009)

1. Where can I find the scope of practice for an advanced practice nurse?

The scope of practice for a certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), certified nurse practitioner (CNP) or a clinical nurse specialist (CNS) can be found in Ohio Revised Code (ORC) Section 4723.43.

2. Where do I find information on a standard care arrangement (SCA)?

Section 4723.431, ORC, provides information regarding the SCA, the number of prescribing APNs a physician may collaborate with and the requirements for a collaborating physician. The rules regarding the SCA can be found in Ohio Administrative Code (OAC) Chapter 4723-8. The Board of Nursing (Board) does not provide a model SCA, but you may be able to obtain one from an attorney or your professional organization.

3. How do I determine if a specific task is with my scope of practice?

You should review the Decision Making Guide for Determining APN Scope of Practice which is available from the Board's Web site in the Nursing Practice: Advanced Nursing Practice section.

4. Can an advanced practice nurse utilize a light based medical device for treatment of various skin conditions?

For information regarding this question, you should review the winter 2008 Momentum article, "The Use of Light Based Medical Devices," which is available from the Board of Nursing Web site in the Publications section.

5. Can a non-acute care nurse practitioner practice in a hospital setting?

The Board authorizes and regulates the practice of advanced practice nurses, including certified nurse practitioners (CNP). The Board does not regulate the facility in which a CNP practices, rather the Board regulates the practice in which a CNP engages. The Board does not prohibit a non-acute care CNP from practicing with a collaborating physician in the hospital setting. Section 4723.43(C), ORC, sets forth the statutory scope of practice for the CNP. The CNP scope of practice includes the CNP's provision of preventive and primary care services and evaluation and promotion of patient wellness within the nurse's nursing specialty, consistent with the nurse's education and certification, and in accordance with the Board's rules. The CNP is authorized to engage in advanced nursing practice in the care of clients within the population specified by the CNP's certification, in varying levels of health in which the client presents him/herself. This includes referral to and consultation with other health care provider specialists as appropriate based on the client's health care needs, clinical stability, and the limitations on the CNP's individual scope of practice. The scope of practice as a CNP is more specifically defined by the practice of the associated collaborating physician and the standard care arrangement between the CNP and collaborating physician. The collaborating physician's practice and the



standard care arrangement do not serve to expand the CNP's scope beyond that of the education and certification obtained by the CNP. In order for a CNP to manage and treat acute, clinically unstable clients, the CNP would need appropriate education and certification in acute care or other certification that prepares the CNP to manage acutely ill, clinically unstable clients.

6. Can an advanced practice nurse practice in the role of a registered nurse but not an APN?

Yes; an advanced practice nurse may engage in the practice of nursing as a registered nurse only, rather than practicing as an APN. To clarify, all APNs must be RNs and are always held to the standards of safe nursing care for RNs. When practicing as an RN, the APN should adhere to the RN scope of practice found in ORC 4723.01(B) and should identify him/herself as an RN.

7. I have finished my APN education program and am preparing to take my certification exam/receive my Certificate of Authority (COA). Can I begin working with my collaborating physician?

Prior to receiving a COA, you may engage in the practice of nursing as a registered nurse, according to ORC 4723.01(B), but may not practice as an APN.

8. Can a CTP holder E-prescribe?

The Pharmacy Board regulates the processes pertaining to the prescribing of medications. The Nurse Practice Act does not specifically discuss e-prescribing, nor does it limit a CTP holder to a specific prescription modality. Rule 4723-9-09(I), OAC, mandates CTP holders meet the requirements of Pharmacy Board Rule 4729-5-30, OAC, regarding the manner of issuance of a prescription. You should also review Chapter 4723-9, OAC, which addresses prescribing by advanced practice nurses.

9. Can an advanced practice nurse pronounce a patient deceased?

No; according to the Medical Board's Rule 4731-14-01(B), OAC, "Only an individual holding a current certificate to practice medicine and surgery or osteopathic medicine and surgery issued under section 4731.14 of the Revised Code, a training certificate issued under section 4731.291 of the Revised Code, a visiting medical faculty certificate issued under section 4731.293 of the Revised Code or a special activities certificate issued under section 4731.294 of the Revised Code in Ohio can pronounce a person dead." An APN would be considered a competent observer who may recite the facts of the patient's present medical condition to the physician, who may then pronounce the patient when the physician is satisfied that death has occurred.

10. Where do I find the proper initials to utilize when identifying myself as an advanced practice nurse in Ohio?

Section 4723.03, ORC, provides the authorized titles and initials that may be used by a LPN, RN or APN in Ohio. •

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RN/LPN Frequently Asked Questions

FAQ

(Based on law and rules in effect 06/01/2009)

1. How do I know if a specific nursing task is within my scope of practice?

The scope of practice for nurses can be found in Ohio Revised Code (ORC) Section 4723.01(B) for RNs, and 4723.01(F) for LPNs. In order to determine if an activity is within the scope of practice for a nurse, you should utilize the Decision Making Model which is available on the Board of Nursing Web site in the Nursing Practice section. The Board also has published Interpretative Guidelines concerning various nursing practices that may also be helpful.

2. Can a licensed practical nurse perform venipuncture in order to obtain blood samples for laboratory analysis?

The Nurse Practice Act does not prohibit a licensed practical nurse with the necessary knowledge, skills and abilities, functioning at the direction of a physician or RN, from performing peripheral venous blood draws. Rule 4723-4-04, Ohio Administrative Code (OAC), holds licensed practical nurses responsible for maintaining and demonstrating current knowledge, skills, abilities and competence in rendering nursing care within their scope of practice.

3. Can a licensed practical nurse / registered nurse work as a patient care assistant?

The Nurse Practice Act does not prohibit a nurse from limiting his/her employment responsibilities to that of a patient care assistant or other unlicensed personnel. The licensed nurse that accepts employment in a position that does not require a nursing license and who chooses not to engage in licensed nursing practice should not iden-

tify him/herself as a nurse. If he/she identifies himself as a nurse or engages in the practice of nursing, he/she will be accountable under the Nurse Practice Act and administrative rules.

Can a nurse work as a state tested nursing assistant?

The above response applies, but it should be noted that STNAs are regulated by the Ohio Department of Health (ODH). You should contact ODH regarding any requirements in order to work as an STNA.

4. Can a licensed practical nurse assess a patient?

The scope of practice for RNs and LPNs can be found in Sections 4723.01(B) and 4723.01 (F), ORC. *As specifically noted in their scope, RNs may assess health status for the purpose of providing nursing care.*

RNs may fully utilize the steps in the nursing process including assessment, analysis, planning, implementation and evaluation, Rule 4723-4-07, OAC. Licensed practical nurses provide nursing care requiring the application of basic knowledge of the biological, behavioral, social and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor or RN. Assessment of health status is not included in the LPN scope of practice. LPNs *contribute* to the assessment of the client by collecting and documenting objective and subjective data related to the client's health status and reporting that data as appropriate to other members of the healthcare team. Likewise, LPNs *contribute* to the development, maintenance, evaluation or modification of the nursing component of the care plan and communicate the care plan with any

modifications to appropriate members of the healthcare team, Rule 4723-4-08, OAC.

5. Can an RN or LPN accept a verbal order or an order that has been electronically transmitted (i.e. faxed, texted, e-mailed)?

The Nurse Practice Act does not address the manner in which an order is taken, relayed or transcribed. Rather, Chapter 4723-4, OAC, places accountability on the nurse who is implementing the order to implement or clarify that the order is accurate, valid, properly authorized and is not harmful or potentially harmful to the client, or is not contraindicated by documented information. The nurse implementing the order is required to practice in accordance with the nurse's respective licensure scope.

6. What is the nurse to patient ratio in a hospital setting or long-term care setting?

The Nurse Practice Act does not specify nurse to patient ratios in ANY patient care setting. Other regulatory or certifying bodies such as the Ohio Department of Health, JCAHO, etc. may address staff to patient ratios. In regard to hospitals, legislation enacted in 2008 requires hospitals to create and maintain committees to address nursing staffing levels. You may want to contact your facility leadership regarding the activities of these committees in your institution.

7. Can a nurse administer a medication such as Methotrexate, as ordered by a physician, to terminate an ectopic pregnancy?

A nurse is prohibited from administering medication to terminate a "live pregnancy,"

which includes all pregnancies unless it is known that the fetus or embryo has stopped developing and the tissue is dead. For further information regarding this question, see the article “Administering Medications Relating to the Termination of a Pregnancy” in the winter 2008 issue of Momentum, available on the Board of Nursing Web site under Publications.

8. What tasks can a nurse perform using a laser or a light-based medical device?

According to Medical Board rules, a physician may delegate the use of light-based medical devices to RNs and LPNs only for the purpose of hair removal, and to “appropriate persons” for light phototherapy for the treatment of hyperbilirubinemia in neonates and for fluorescent lamp phototherapy for the treatment of psoriasis and similar skin conditions. For additional information, see the article “The Use of Light Based-Medical Devices” in the winter 2008 issue of Momentum, available on the Board

of Nursing Web site under Publications.

9. What is the maximum number of hours a nurse may work in a specific timeframe?

The Nurse Practice Act addresses the practice of nursing. It does not address employment activities or set a limit on the number of hours a licensee may practice within a given period of time. Licensees should be aware of Rule 4723-4-03, OAC (related to RN practice), and Rule 4723-4-4, OAC (related to LPN practice), which require the nurse to “demonstrate competence and accountability in all areas of practice in which the nurse is engaged, which includes but is not limited to: 1) consistent performance of all aspects of nursing care, and 2) appropriate recognition, referral or consultation and intervention when a complication arises.” A nurse who works an excessive number of hours within a specific period of time and as a result is not able to demonstrate competence or provide consistent performance within their nursing practice

may place themselves at risk for not being able to comply with this standard.

10. Are nurses required to have malpractice or liability insurance?

The Nurse Practice Act does not require nurses to have malpractice or liability insurance.

11. Who may supervise the practice of nursing?

According to Section 4723.01(B), ORC, the supervision and evaluation of nursing practice is established within the RN scope of practice. Rule 4723-4-06(O), OAC, further states that only a registered nurse may supervise and evaluate the practice of nursing by other RNs or LPNs. Licensed practical nurses are not prohibited from participating in activities which contribute to the delivery of care, such as scheduling for coverage of nursing services and observation/documentation regarding care provided by assistive personnel. A non-nurse supervisor may evaluate a nurse employee in matters other than the practice of nursing. •

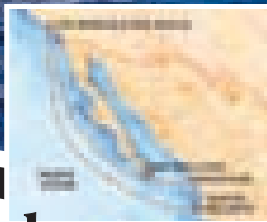
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Use of Complementary Modalities in Nursing Practice

The Board of Nursing (Board) has been asked about the utilization of complementary modalities in nursing practice. This article discusses utilization of what is frequently referred to as "complementary modalities" within the context of nursing care.



The scope of licensed nursing practice is established in Section 4723.01, Ohio Revised Code (ORC). The Board has also adopted rules establishing the Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse in Chapter 4723-4, Ohio Administrative Code (OAC), that are applicable to all forms of nursing specialties and approaches. A nurse's selection of a particular modality, consistent with the plan of nursing care, is a matter of the nurse's



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individual judgment, knowledge, and ability to select nursing interventions in specific client situations that best meet the client's nursing needs. Whether the use of a particular intervention, such as a complementary modality, is appropriate in a particular case depends on the facts and circumstances involved. Rule 4723-4-09, OAC, recognizes that a nurse may obtain specialized certification and discusses the criteria required by a national certifying organization that would enable the Board to recognize a nurse's certification by that organization. National certifying organizations establish, publish and communicate the

acceptable standards of practices within the community for the specialty practice. Should the Board review a nurse's practice regarding nursing actions in which complementary modalities, such as aroma therapy, are utilized, the Board would apply existing Ohio law and rule, as well as consider publications by a recognized authority such as the national certifying organization that support the nursing actions taken by the nurse on behalf of the client.


The use of complementary modalities may be an appropriate intervention based upon a specific client situation. Advanced practice nurses and nurses actively engaging in the utilization of complementary modalities may seek and provide guidance within their professional practice community through evidenced-based research, written communications, articles and publications, and by working with employers and other practitioners to establish policies and procedures that are in accordance with Ohio law and rule and that promote the safety and welfare of the clients served. •





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Approved by the Case Western Reserve University Institutional Review Board



Deborah Ulrich PhD, RN
Dean, Hondros College School of Nursing

HAVE YOU EVER THOUGHT ABOUT BEING A NURSE EDUCATOR?

It is certainly no secret that our nation is experiencing a nursing shortage—one that is not expected to end anytime soon. The average age of the RN is steadily increasing and as these nurses retire, the nursing workforce will shrink at a time when the aging baby boomers need for health care is increasing. Adding to the grim forecast is the fact that nursing schools and universities are struggling to educate the number of nurses needed for the current and projected shortage.

According to the AACN's report on *2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, nursing schools in the United States turned down nearly 50,000 qualified applicants. The most common reason for not accepting the applicants was faculty shortage. At this time many nursing schools are struggling to hire the qualified faculty needed to implement their programs of study.

Why aren't more nurses attracted to teaching? Why are nurse educators so hard to find? The benefits of teaching are immense and range from flexibility in schedule to autonomy to creativity to overwhelming emotional fulfillment. Yet many never consider the role at all. Despite the many complaints we hear about the physical and emotional stresses of staff nursing, few turn in their scrubs for a life filled with classroom teaching, grading care plans and sharing their clinical knowledge. Teaching is an excellent career path for the experienced nurse who wants to stay in nursing but is burned out with the stresses of staff nursing or feeling the physical effects of working long

Why aren't more nurses attracted to teaching? Why are nurse educators so hard to find?

hours at the bedside. Think how gratifying it would be to help young nurses succeed in our profession. Who better to educate our future nurses than those of us who have the experience to share with them? When we think back to why we became nurses to start with, most of us wanted to serve mankind in some way. What better way to serve than to teach students how to become the excellent practitioners you would want caring for you or your family. Teaching is an investment in the future of our profession. All of us want to feel like we have left something when we pass on and teaching is a great way to assure that you have done just that.

Nursing Education is fantastic career option for those who want a challenge and are seeking a new and exciting role in our profession. Take the time to find out how you can personally help remedy the nursing shortage in our nation. Call a local nursing school and talk to some nurse educators, look into the educational and experiential requirements, consider this career path as an option. You will not be sorry you did.

Deborah Ulrich Ph.D, RN has been a nurse educator for the past 30 years in diverse educational settings. She has influenced nursing education through journal articles, books, and national presentations focusing on creative teaching strategies. Debbie has spoken at over 50 national nurse educator conferences. She is the co-author of two books and a bimonthly column in Nurse Educator called "Dear Florence".

Faculty and Instructional Personnel Qualifications in Pre-Licensure Nursing Education Programs

The Board frequently receives questions regarding the minimum qualifications required to teach in pre-licensure nursing education programs, as well as the difference between faculty and a teaching assistant. The purpose of this article is to clarify the minimum qualifications required for faculty and teaching assistants in pre-licensure nursing education programs in Ohio as required in Chapter 4723-5, Ohio Administrative Code (OAC). Rule 4723-5-01, OAC, provides definitions for faculty and teaching assistants. Paragraph O of the rule defines faculty as “a person teaching in a program either full-time or part time who meets the requirements set forth in this chapter.” A teaching assistant as defined in paragraph KK of the rule means “a person employed to assist and work at the direction of a faculty member providing instruction in the classroom, laboratory, or in a clinical setting in which nursing care is delivered to an individual or group of individuals, and who meets the qualifications set forth in this chapter.” Rule 4723-5-19, OAC, Responsibilities of faculty teaching a nursing course, requires that faculty supervise the activities of a teaching assistant, if utilized, and evaluate each nursing student’s achievement and progress with input from the teaching assistant or preceptor, if utilized.

Minimum qualifications for faculty and teaching assistants in a registered nursing program are found in Rule 4723-5-10, OAC. This rule requires the following:

(A)(3) For faculty teaching a nursing course:



Faculty and teaching assistants, after February 1, 2008, must have “current, valid licensure.”

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph S of rule 4723-5-01 of the Administrative Code;
 - (b) Experience for at least two years in the practice of nursing as a registered nurse;
 - (c) A master’s degree;
 - (i) If the individual does not possess a bachelor of science in nursing degree, the master’s or other academic degree, including, but not limited to, a Ph.D. shall be in nursing;
 - (ii) If the individual possesses a bachelor of science in nursing degree, the master’s degree may be, but is not required to be, in nursing; and
 - (d) Current, valid licensure as a registered nurse in Ohio.
- (A)(4) For a teaching assistant as defined in paragraph KK of rule 4723-5-01 of the Administrative Code:
- (a) Completion of an approved registered nursing education program

in a jurisdiction as defined in paragraph S of rule 4723-5-01 of the Administrative Code;

- (b) Experience for at least two years in the practice of nursing as a registered nurse;
- (c) A baccalaureate degree in nursing or enrollment in a graduate level course in a program for registered nurses to obtain a master’s or doctoral degree with a major in nursing; and
- (d) Current, valid licensure as a registered nurse in Ohio.

In addition, paragraph B of the rule allows an individual appointed to a position prior to February 1, 2008, to continue serving in the same position if the individual met the rule requirements for the position at the time of appointment.

Further, in February 2009, paragraph C was added to allow a foreign educated nurse graduate, who otherwise meets the qualifications contained in this chapter, to meet the academic preparation requirement if the individual has practiced as a

continued on the next page

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registered nurse in Ohio for at least two years.

Minimum qualifications for faculty and teaching assistants in a practical nursing program are found in Rule 4723-5-11, OAC. This rule requires the following:

(A)(3) For faculty teaching a nursing course:

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph S of rule 4723-5-01 of the Administrative Code;
- (b) Experience for at least two years in the practice of nursing as a registered nurse;
- (c) A baccalaureate degree in nursing; and
- (d) Current, valid licensure as a registered nurse in Ohio.

(A)(4) For a teaching assistant as defined in paragraph KK of rule 4723-5-01 of the Administrative Code:

- (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (S) of rule 4723-5-01 of the Administrative Code;
- (b) Experience for at least two years in the practice of nursing as a registered nurse; and
- (c) Current, valid licensure as a registered nurse in Ohio.

The same two exceptions discussed above with respect to an RN program are applicable to a PN program (see Rule 4723-5-11 (B) and (C), OAC).

Frequently Asked Questions

Q. Are the minimum qualifications for faculty and teaching assistants different for pre-licensure registered nursing education programs terminating in different degrees? For example, a registered nursing program terminating with a diploma v. an associate degree v. a baccalaureate degree v. a

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masters degree or DNP?

A. Rule 4723-5-10, OAC, does not require different minimum qualifications for faculty (and/or teaching assistants) in different types of pre-licensure registered nursing programs (diploma, AD, BSN, MSN, or DNP). Rule 4723-5-10, OAC, states minimum qualifications for faculty and teaching assistants in any pre-licensure registered nursing program. The only distinction is made for an administrator of a baccalaureate degree nursing program. The administrator of a baccalaureate in nursing program is required to have an earned doctorate degree.

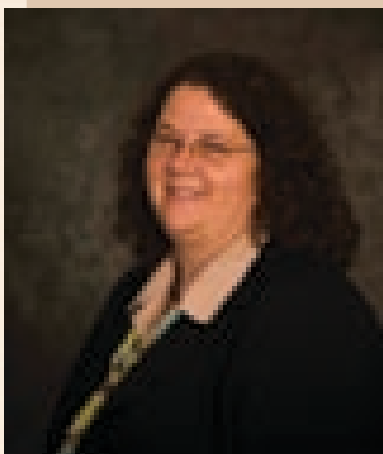
It is important to note that individual programs may require advanced minimum requirements, in addition to those required by Rule 4723-5-10, OAC.

Q. Can I teach with a restriction on my license?

A. Faculty and teaching assistants, after February 1, 2008, must have "current, valid licensure." This means the individual holds a license to practice nursing that is "not inactive, suspended, revoked, or subject to restrictions," Rule 4723-5-01(M), OAC. Once all restrictions are lifted, the individual would then meet the requirement of having "current, valid licensure."

Q. I am employed by a pre-licensure nursing program in Ohio, but live in another state and teach online courses for the program. Am I required to be licensed in Ohio?

A. As long as the program is approved by the Ohio Board of Nursing, regardless of the delivery format or where the courses (including clinical) are taught, all faculty and teaching assistants must meet the minimum requirements set forth in Rule 4723-5-10, OAC, for registered nursing programs and Rule 4723-5-11, OAC, for practical nursing programs, which require "current, valid licensure as a registered nurse in Ohio." •



NEW BOARD MEMBER

The Board welcomes Melissa G. Meyer, LPN, as the newest member appointed to the Board. Melissa has eighteen years of diverse clinical nursing experience including OB/GYN, Pediatrics, Internal Medicine, Gerontology, Home Care, Tracheotomy and Ventilator Care, Residential Care for persons with disabilities and Podiatry. She is currently director of education and training for Planned Parenthood Southwest Ohio Region.

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RN – Ortho/Neuro – FT, PT
RN – CCU – PT
RN – ICU – FT, PT
RN – Emergency Department – FT, PT
RN – Main OR – FT
RNFA – Main OR – FT

East

Mercy Hospital Clermont
513-735-7534

RN – Clinical Nurse Manager – ICU/PCU – FT
RN – Clinical Nurse Manager – Med/Surg – FT
RN – Emergency Department – FT, PT

Mercy Hospital Anderson
513-233-6860

RN – Nurse Educator
RN – Nurse Manager Perioperative Services – FT
RN – Family Birth Center – FT, PT, PRN
RN – OR – FT

West

Mercy Hospital Western Hills
513-389-5037

RN – Director Perioperative Services –
Westside Hospitals – FT
RN – Clinical Coordinator – Telemetry – FT
RN – Emergency Department – FT
RN – Telemetry – FT, PT, PRN
LPN – Geriatric Psychiatric – PT

Mercy Hospital Mt. Airy
513-853-5760

RN – Director Perioperative Services –
Westside Hospitals – FT
RN – Clinical Coordinator – Med/Surg/Oncology – FT
RN – Unit Based Educator – Med/Surg/Oncology – FT
RN – ICU – FT
RN – Emergency Department – FT, PT
RN – Adolescent Psychology – FT, PRN
RN – Ambulatory Care Unit – PT
RN – PACU – PT
LPN – Med/Surg, Ortho, Oncology – PT
LPN – Telemetry – FT

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RN Renewal

All RNs who are eligible to renew their license in 2009 were sent a renewal notice through the mail during the month of March to the address of record with the Board. Advanced practice nurses were mailed one notice for their RN license and their certificate of authority (COA), and an additional notice, if applicable, for a certificate to prescribe (CTP).

As many of you are aware, the state-wide online renewal system experienced serious system issues causing very substantial problems for applicants, licensees and certificate holders, and the work of Board staff. The system has been repaired, and we encourage the use of the online renewal system. It remains the fastest method to renew your license, COA, or CPT.

When renewing online, you can pay the required application fee using MasterCard or VISA credit cards, or debit cards with a MC or VISA logo. By utilizing the online renewal process, you may be able to verify the renewal of your license/certificate through the Board's web site at www.nursing.ohio.gov in as little as three business days after completing the online renewal application.

Due to the problems related to online renewal, the Board has waived the late fees usually imposed after July 1 for this licensure renewal period. Also, due to the problems, the Board mailed approximately 40,000 paper renewal applications to nurses who had not completed the renewal process at the time of mailing.

Your license and/or certificate expiration date is still August 31, 2009. **As always, your renewal must be completed online, or the paper application must be postmarked by August 31, 2009 or your license and/or certificate will lapse.** If you do not intend to practice nursing in Ohio, temporarily or permanently, check the box on the paper renewal application that requests "inactive" status.

You only need to renew one time by one method, either online OR by submitting the paper application.

Board staff are available to assist you in taking the necessary steps to renew your license/certificate. If you have questions about the renewal process, please contact the Board at renewal@nursing.ohio.gov. If you are an advanced practice nurse, please contact the board at apn@nursing.ohio.gov.

Thank you for your understanding of the situation we encountered this year. We remain committed to expediting the licensing and renewal process. •

Name/Address Change FAQ

How do I change my name with the Board?

You must submit a certified document of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, name change document) within thirty days of the change. Certified documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change. Submit your certified document with a "Name/Address Change Form" available under "Forms" or with a brief letter which includes your Ohio license/certificate number, your previous name, your new name as you want it to appear on Board records, and your current address. Please submit name change documents to the address listed below.

Will the certified document of my name change be returned?

Yes. The Board will return your certified document within 10 business days.

Will I receive a license with my new name on it?

No. The Board no longer issues wallet cards. However, once your name has been updated, it can be verified on the Board's Web site. Click on the verification link located on the menu of the Board's home page.

How do I change my address with the Board?

Address changes must be submitted in writing within thirty days of the change. To submit address changes by mail, fax or e-mail, you must include your name, license/certificate number, and address including county and telephone number. Please submit as follows:

Mail: Ohio Board of Nursing

17 South High Street, Suite 400

Columbus, Ohio 43215-7410

Fax: (614) 466-0388

RN or LPN – Attention: Renewal Unit

Dialysis Technician – Attention: DT

Community Health Worker – Attention: CHW

Medication Aide – Attention: MA-C

E-mail: RN or LPN: renewal@nursing.ohio.gov

Dialysis Technician: dialysis@nursing.ohio.gov

CHW: chw@nursing.ohio.gov

MA-C: medicationaides@nursing.ohio.gov

Also, please note that there is a Name/Address Form available on the Board's Web site under "Forms."

Will I receive confirmation that my address has been changed?

No. The Board receives numerous requests for address changes on a daily basis and cannot respond to each one. If you wish to verify that your address has been changed, allow seven to 10 business days for processing, then call the Board at (614) 466-3947 for verbal verification. •

ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups begin at 10:00 a.m. (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 614/466-6940 to determine any change in the location, date or times from those listed.

Advisory Group on Continuing Education— February 20.

Chair: Delphenia Gilbert

Advisory Group on Dialysis— February 10, October 13.

Chair: Patricia Protopapa

Advisory Group on Nursing Education— June 18, October 8.

Chair: Kathleen Driscoll

Committee on Prescriptive Governance— January 12, May 11, September 21. Chair: Eric Yoon

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J. Jane McFee, LPN, *Vice President*

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Anne Barnett,

Supervising Member for Disciplinary Matters

Junction City 2010

Johnnie Maier, *Consumer Member*

Massillon 2011

Delphenia W. Gilbert, RN

Akron 2011

Patricia Protopapa, LPN

Canfield 2011

Melissa Meyer, LPN

Amelia 2012

Bertha Lovelace, RN

Shaker Heights 2012

Janet L. Boeckman, RN

Mansfield 2009

Patricia Burns, LPN

Mentor 2009

Kathleen Driscoll, RN

West Chester 2009

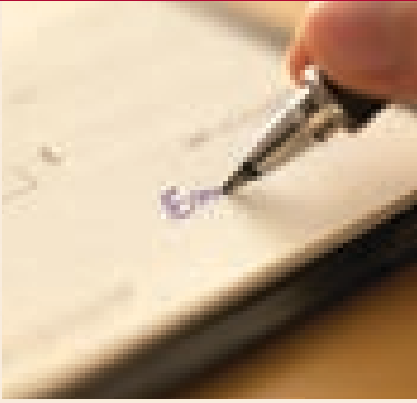
Judith Church, RN

Miamisburg 2012

Eric I. Yoon

Springboro 2010

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. Under Rule 4723-1-04, Ohio Administrative Code, return of a check does not waive or extend the date upon which a license or certificate lapses. The purpose of

publishing this list is to notify current and potential employers and to reach the individual when other avenues have failed.

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.

BAD CHECK LIST

DT 01459 Lisa Miljour
 PN 121873 Adebisi Adedoyin
 088845 Rebecca Anderson
 080412 Vera Bazemore
 110095 Alicia Bennett
 073460 Enid Blankenship
 109961 Sandra Carter
 106337 Julie Cowdrey
 089104 Mary Darnell
 107371 Patricia Edington-Wallace
 100040 Lavonda Featchurs
 077423 Barbara Freeman
 104926 Stacy Freeman
 066195 Teresa Gilmore
 105124 "Lisa" Groves
 086632 Sandra Haulter
 102088 Mildred Highlander

044929 Gaynell Hunt
 026851 Eugenia Lauinger
 113609 Miranda Pastol
 095293 Susan Runion
 090935 Autumn Schrader
 109807 StaCey Townsend
 040780 Jean Wehrle
 099429 Paige Wilson
 068305 Jeanease Zimmerman
 RN 254983 Lynn Baker
 179628 Cheryl Balogh
 196050 Beverly Chambers
 234395 Robert Clarke
 284031 Deborah Conner
 081572 Mary Hartmann
 219322 Micheal Hipshire
 278461 Yvonne Hoberek
 254146 Ann Jarven

304716 Danielle Mathies
 099852 Jane Mccutcheon
 256289 Linda Mcdaniel
 169684 Bernadette Queener
 323272 Jennifer Sheets
 288354 Shelia Smith
 292985 Therese Spalding
 229036 Dundee Sweetland
 300574 Jacque Young

If your name is listed here, please contact the Board at 614-995-3691 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? Did You Notify The Ohio Board of Nursing?

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. Please allow seven to 10 days for a name or address change to be processed.

Name and/or Address Change Form *(Please type or print)*

License # _____

Changes: Name _____

Address _____

Telephone Number _____

County _____

Effective Date _____

Signature _____

Send completed form to: ATTN: Renewal, Ohio Board of Nursing,
 17 South High Street, Suite 400, Columbus, Ohio, 43215-7410



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NationwideChildrens.org

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Ohio University School of Nursing is seeking applicants for 2 positions in the School of Nursing.

The **Associate Director/Associate Professor of Nursing** will be hired pending approval from the Ohio Board of Nursing for a Traditional BSN program. Ohio University School of Nursing seeks a candidate with a commitment to working effectively with students, faculty and staff from diverse backgrounds. The Associate Director guides the functioning of the BSN program for which he/she is responsible. Under the guidance of the Associate Director, in conjunction with the Director of the School of Nursing, the BSN program will function consistently using the philosophy and objectives developed by the faculty of the School of Nursing and the needs of the learners. The Associate Director is responsible for the day-to-day operation of the BSN program which includes addressing the needs of students and faculty and interpreting the needs for nursing within the community. The Associate Director participates actively in the community and represents the School of Nursing in general and the BSN program and the campus specifically. The Associate Director assists the Director of the School of Nursing in the coordination and interpretation of the policies of the School, CHHS, OUORC, and the University; the requirements of the Ohio Board of Nursing; and the professional accreditation groups. All functions are carried out in conjunction with the Director of the School of Nursing.

Qualifications: The successful applicant must have an earned Doctorate in Nursing or Related Field and demonstrate a record of excellence in education and academic leadership experience. He or she should have a minimum of one to three years experience in education and an academic leadership role with a history of increasing responsibility; an active publication record and eligibility for licensure in Ohio are required. Salary is commensurate with education and experience. Position details and application information can be found at www.ohiouniversityjobs.com/applicants/Central?quickFind=55294. The position will remain open until filled, for full consideration apply by August 2, 2009.

Ohio University School of Nursing seeks an **Assistant Professor** for the online RN to BSN Program, Athens campus. We seek a candidate with a commitment to working effectively with students, faculty and staff from diverse backgrounds. The Assistant Professor will have teaching, scholarly and service responsibilities in the School of Nursing. Cross teaching in the BSN and MSN programs is encouraged, dependent upon qualifications.

Qualifications: The successful applicant must have an earned Doctorate in Nursing or Related Field and a master's degree in nursing and eligibility for licensure in Ohio. Salary is commensurate with education and experience. Position details and application information can be found at www.ohiouniversityjobs.com/applicants/Central?quickFind=54983. The position will remain open until filled, for full consideration apply by August 2, 2009.



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The free report is provided by **LaTonia Denise Wright**. Ms. Wright is an OH licensed RN and a licensed attorney in OH, KY, and IN. She represents, counsels, and advises nurses in Nursing Board and professional practice matters.

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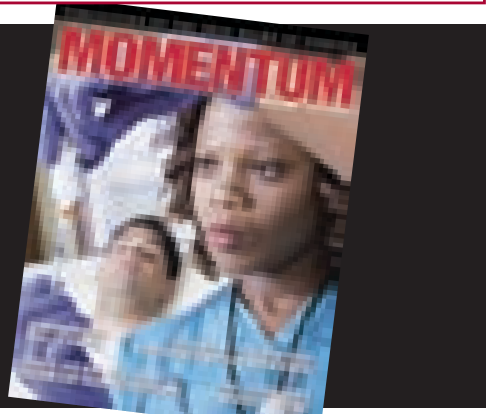
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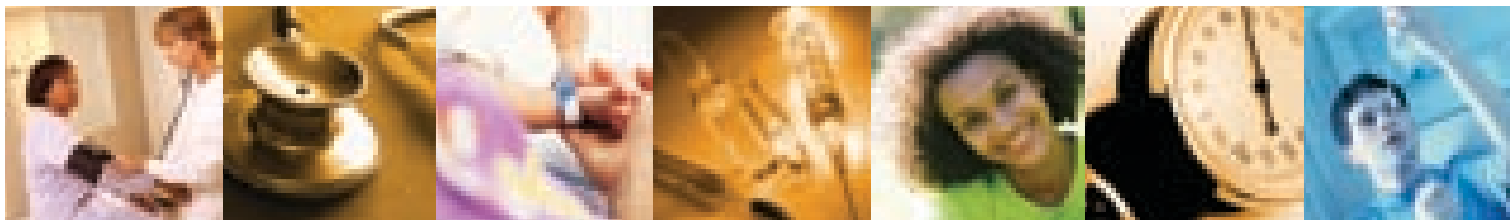
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