The needs of the New Mexico nursing workforce are uppermost in the minds of the nurse educators who are members of the New Mexico Nursing Education Consortium (NMNEC). This coalition of educators from state-supported nursing programs was formed to address the limits of a nursing education pipeline that is insufficient for preparing the number of qualified nurses necessary to address New Mexico health care needs in the 21st century. The result of this collaborative work is a comprehensive and innovative strategy that revolutionizes the way nurses are educated in New Mexico by streamlining curricula, sharing resources and faculty expertise, and removing barriers to student mobility. This new, collaborative system of education would assure consistency in nursing education across the state, support accreditation standards for all participating schools, promote effective utilization of resources between schools and improve access to baccalaureate education for students across the state.

The NMNEC Goal: Strengthening the Educational Infrastructure

The issues affecting the nursing workforce are well known; there is a chronic shortage of nurses overall and there is a particularly acute shortage of nurses in rural and remote areas of the state. There is a particularly acute shortage of nurses in rural and remote areas of the state. Overall and there is a particularly acute shortage of nurses in rural and remote areas of the state. There is an increasing demand for new nurses is increasing. Clearly, a new approach is needed, one that will strengthen educational infrastructure and provide a coordinated statewide system to meet student and community needs for accessible, state-of-the-art nursing education. This was the primary catalyst for the creation of NMNEC in 2009 and is still the goal of the consortium’s activities today. In the last three years, the members of this group have produced, through negotiation and consensus-building, an initial plan to strengthen the pipeline by adopting standardized admission criteria and a shared concept-based curriculum. This curriculum is in the final phase of preparation and is expected to undergo review and approval by individual schools in Fall 2012, with initial implementation by adopting schools in Fall 2013.

The Benefits of the NMNEC Plan

This remarkable collaborative effort will result in benefits for the nursing workforce in New Mexico as well as for the students who wish to join the nursing profession. Some benefits are obvious—shared resources, improved student mobility, increased access to baccalaureate education. The efficiencies that can be realized through a more

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New Mexico Nurse is a juried nursing publication for nurses licensed in New Mexico. The Editorial Board reviews articles submitted for publication. Carrie's Corner, a quarterly update of NMNA activities and interests in New Mexico are the responsibility of Carolyn (Carrie) Roberts, Executive Director of NMNA. Articles may be submitted to carrie@nmna.org, but must be received by November 1, February 1, May 1, and August 1 to be published by January 1, April 1, July 1, and October 1 respectively.

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The deadline for submission of articles for the January 2013 issue of the New Mexico Nurse is November 3rd so that our editorial board can review them before the publication deadline.

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Give the Board of Nursing your NEW ADDRESS!
If the Board of Nursing sends you a notice and you don't receive it because they don't have your latest address, you may miss something critical to your license!
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- RNs and LPNs for Outpatient Clinics
- RN Home Health and Hospice
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October, November, December 2012

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DISTRICT PRESIDENTS AND CONTACTS

DNA 1, Albuquerque—Jennifer Drexler, MSN, RN, CCRN, jbomard@hotmail.com
DNA 2, Santa Fe—Kimberly Stout, 7 Vuelta De la Tusa, Santa Fe, NM 87506, k2stout@msn.com, 505/992-1145.
DNA 4, Clovis—Lorraine Goodrich, lorriane.goodrich@enmu.edu, 575-359-0679.
DNA 14, Las Cruces—Leigh B. DeRoos, 4644 Sandalwood Dr., Las Cruces, NM 88011, lderoos@nmsu.edu, Hm: 505/521-4362.
DNA 15, Alamogordo—Andrew Vick, keysmedic@hotmail.com
DNA 16, Gallup—Frankie Spolar, fpsolar@rmchcs.org, Wk: 505-863-7039.
DNA 19, Farmington—Nisa Bruce, brucen@sanjuancollege.edu, 505-326-1125.

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DNA 9, Los Alamos;
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DNA 12, Silver City;
DNA 13, Las Vegas;
DNA 15, Alamogordo;
DNA 17, Deming

NM Nurses Association: www.nmna.org
Information on the organization, calendar of events, legislative update, online registration for workshops, job listings for all kinds of health care jobs, and Continuing Education applications for workshops for nurses.

NM Board of Nursing: www.bon.state.nm.us
Lists board meeting dates, download the Nursing Practice Act, Rules and Regulations, download renewal forms, complaint forms, get information on recent rules and regulation changes, get names of board members.

NM Center for Nursing Excellence:
www.nmnursingexcellence.org
Information on NMCNE activities to lessen the nursing shortage, recognize nurses for their accomplishments, Links to nursing organizations, workforce reports and much, much more.

Nursing Information Web Sites

NM Nurse Practitioner Council: www.nmnpc.org
Information on the organization, activities, legislative initiatives, and formulary for sale to NPs.

American Nurses Association: www.nursingworld.org
Membership, bookstore to buy standards of various nursing practices, the Code of Ethics for Nurses, Online Journal of Nursing, press releases on various legislative initiatives, connections to state (constituent) nurses associations, American Nurses Credentialing Center, and the American Academy of Nursing.

Exceptional Nurse: www.ExceptionalNurse.com
A nonprofit resource for nurses and students with disabilities. The email address is exceptionalnurse@aol.com.

MISSION STATEMENT

New Mexico Nurses Association is committed to advocating for all licensed nurses, improving health care, and promoting lifelong learning.

Core Values
- Promote the professional and educational advancement of nurses.
- Develop alliances with other professional health care organizations on issues affecting nurses and health care.
- Enhance recognition of the contribution of the nurse in health care.
- Promote high standards of nursing practice by upholding the integrity of the New Mexico Nursing Practice Act.
- Improve access to health care services by expanding opportunities for nurses.
- Foster personal and professional self-advocacy.
- Advocate for nurses through legislative, regulatory, and policy making endeavors.

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– Mary, Chamberlain BSN Student, International Nursing Service Project

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streamlined educational system will affect the supply of graduate nurses prepared for the entry-level of nursing. Other benefits are less tangible but no less important in terms of strengthening the educational pipeline. Due to advances in education technologies, faculty expertise can be shared across schools through distance methodologies. Students would be able to take courses or attend lectures provided by any faculty expert in the system, either through interactive television at their campus site or through online courses. Lesson plans, lecture content, clinical learning activities, and simulation exercises developed by any faculty in the system can be added to an online repository and offered to all schools for use by their faculty.

Another benefit is that this curriculum has been developed to meet the standards of both national nursing accreditation authorities, a plus for schools seeking to obtain or maintain national nursing accreditation. The concept-based curriculum is leveled to allow for progressive acquisition of the knowledge and skills necessary to support nursing practice at the entry-level. Objectives and outcome competencies have been developed for each nursing course in the new curriculum to assure that all students are adequately prepared for the next level, regardless of the type of degree program offered.

Students in the NMNEC system benefit because they will have a choice in degree paths, either an associate degree (ADN) from their community college or a baccalaureate (BSN) from a participating university. Whether they choose to obtain an ADN or to complete a BSN, they would not have to leave their community. If a student needs to move to a different community, the shared curriculum enhances their ability to transfer without repeating or taking additional nursing classes. The ability to stay in their own community to complete either degree also has economic advantages for students. They could elect to take the first few semesters of nursing studies at their community college, where tuition is usually lower, and finish the last semesters of study at a university. This would result in substantial savings in terms of education costs for students pursuing a BSN, which means a lighter financial aid burden after graduation.

NMNEC Goals: Collaborative Education

The goals of NMNEC are to create a better system of education by improving infrastructure and strengthening the nursing education pipeline. To be successful, the NMNEC strategy has to take advantage of the expertise and resources of all state schools, including community college nursing programs. There is no plan to shutter associate degree programs as these are vital to a robust education system that can provide access to nursing education in communities across New Mexico. Other nursing programs, such as licensed practical nursing (LPN), and related programs, such as medication aides and certified nursing assistants (CNA), are not affected by the NMNEC plan. Not all member schools have these kinds of programs but those schools that do offer an LPN or CNA program retain the discretion to adapt those programs to the NMNEC curriculum as necessary to meet the needs of their students and communities. The RN-BSN completion programs currently offered by universities across the state will continue to serve the interests of licensed registered nurses who wish to obtain a BSN.

The Work is Not Finished!

Developing a cohesive coalition from the ground up and achieving consensus on a common curriculum in three years is a remarkable achievement for NMNEC. The work of NMNEC has been successful because of member commitment to consensus-building and operational transparency, supported by a flexible organizational structure and innovative leadership. There is, however, still much work to be done in the areas of curriculum planning, clinical education, program evaluation, and faculty development. The open invitation to interested nurses and nursing organizations to participate in the work of the consortium still stands. The contributions of nurses and the communities that support nursing are not only welcomed but also greatly appreciated. Visit our website, the New Mexico Nursing Education Consortium at www.nmnnec.org to find the list of regional meetings or to view the results of these meetings. Or call any of the Leadership Council members listed on the website if you have questions.

References
In mid-August, just prior to registration for classes, students were informed that DACC Nursing Program in Las Cruces lost their NLNAC accreditation. Because of local hospital policies, this meant that the students scheduled to graduate in December would not be able to be hired locally because they’d graduate from an unaccredited nursing program. Therefore, there were articles in the local paper, and the El Paso paper, features on local television, a rally for students one evening, and through Freedom of Information Requests it came out that the administration at DACC had been put on notice a long time before the NLNAC survey last spring that because they had high faculty turnover, questions of the educational preparation and experience of the faculty, and the director of the program, they were in danger of losing the accreditation.

NMNA sent a letter of concern to the president and provost of NMSU, to which DACC is connected, and to the president of the DACC campus, expressing our dismay that these students had not been told the accreditation was in jeopardy, and were informed of the loss a week before classes started, too late to transfer to another program. The letter suggested that a) DACC nursing program hire a qualified director, b) hire a full complement of MSN-prepared, qualified, experienced faculty, and c) hire an experienced consultant to assist the new director to revise the entire program and help them become re-accredited.

The letter was either printed or used by news media to highlight the plight of the students, and in the meantime, NMSU nursing program offered the DACC nursing students free tuition and fees to transfer to NMSU to complete a BSN degree. However, there is concern that this more of a solution for NMSU and DACC rather a viable option for most students in the program. Requirements such as taking 18 credit hours per semester (including summers) and the stipulation that failure of one class results in permanent dismissal from the program as well as retaking many courses including nursing courses that students had already completed at DACC. Many nurses in the community believe these stipulations set the students up for failure.

Some students have contacted other programs about transfers to their programs, others feel they cannot afford to continue the education for another 3, 4, or more semesters before they are finished with a nursing program. We sympathize with the plight of these students who through no fault of their own were deceived about the value of the program they were attending. DACC is still conditionally approved by the Board of Nursing, but unaccredited.

The Board of Nursing stated at their open meeting on August 17th that 13 of the 26 pre-licensure nursing programs in NMSU are unaccredited (some because they are just getting started and haven’t graduated a class yet and received pass-rate scores from NCLEX-RN). Although students from an unaccredited program are still eligible to take the NCLEX, their employment opportunities are much more limited than graduates from accredited programs.

As most employers of nurses require graduation from an accredited nursing program. In addition, graduates from an unaccredited program are unable to enroll in most graduate programs, join the military, as well as other opportunities available to RNs graduating from accredited programs.

The DACC administration states that an application for reaccreditation with NLNAC has been submitted. However, as of 9/7, none of the areas causing the initial loss of accreditation have been addressed. Most students have withdrawn or transferred from the program; many of these are unable to afford the time and additional costs of transferring to the NMSU program or have been unable to find an available slot in other accredited ADN programs in New Mexico or the El Paso, TX area.

DACC planned to hold classes but with loss of several more faculty as well as most of the students, it is unclear what the future holds for those students choosing to continue in the program. We believe that the plan submitted by NMNA would stabilize the program, attract qualified faculty, and allow the program to work with NLNAC for some type of provisional accreditation. We urge the DACC administration as well as the NMSU administration to ensure that necessary changes are implemented so that this program will remain, be strengthened and successfully reaccredited in the near future.
ANA Leads Initiative to Develop National Safe Patient Handling Standards

Multi-disciplinary group seeks to establish evidence-based guidelines to address deficiency

SILVER SPRING, MD – The American Nurses Association (ANA) is leading a broad-based effort to develop national standards to guide hospitals and other health care facilities in their implementation of policies and equipment to safely lift and move patients, a culture change many experts agree is necessary to reduce injuries to health care workers and patients,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “Nurses can’t wait any longer. Too many are suffering debilitating injuries that force them from the bedside. With demand for nursing services increasing, our nation can’t afford for the nursing shortage to worsen by losing nurses to avoidable injury.”

Virginia Gillissie, CNS, ND, RN-BC, of Centennial, Colo., was one of those nurses forced from the bedside because of cumulative damage to her back suffered early in her career when she worked as a certified nurses’ aide at a nursing care facility, where three aides performed all the turning, lifting, and transferring for about 80 residents. She now works as a collaborative care coordinator for a large, integrated health care system. “It was unsafe for us and for the residents,” said Gillissie. “My back hurts just thinking about it. I can no longer engage in bedside nursing.”

SPH Working Group chairwoman Mary W. Matz, national program manager for patient care ergonomics at the Veterans Health Administration (VHA), emphasizes that creating a safer work environment is not just a matter of having assistive equipment available, but also changing workplace culture to ensure use of such equipment. Facility coordinators, peer leaders, safety huddles, and other safe patient handling support structures foster cultural transformation. “There is much more to changing the culture than most are aware,” said Matz, adding that most entities or departments within a health care facility play a role in the implementation and operation of a safe patient handling program and help determine the program’s success.

Since the launch of the ANA Handle with Care® Campaign in 2003, ANA has advocated for policies and legislation that would result in the elimination of manual patient handling. Using mechanical lift equipment reduces the risk that patients will be dropped or suffer skin tears and helps preserve their dignity. Currently, there are no broadly recognized government or private industry national standards for safe patient handling. Health care facility programs lack consistency, as do regulations in 10 states that have enacted safe patient handling laws. In the meantime, health care professionals continue getting injured and musculoskeletal injuries remain a top concern.

ANA conducted its own Health and Safety Survey of nurses in 2011, in which 62 percent of the more than 4,600 respondents indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns. The survey also showed that eight of 10 nurses worked despite experiencing frequent musculoskeletal pain, and that 13 percent were injured three or more times on the job within a year. A review of the 2009-2010 session of Congress urged the adoption of safe patient handling programs, noting that RNs and other health care workers are required to lift and transfer “unreasonable loads, with the average nurse lifting 1.8 tons on an eight-hour shift.” Additionally, recent figures from the Bureau of Labor Statistics show that nursing ranks fifth of all occupations in work days missed due to occupational injuries or illnesses.

The Safe Patient Handling National Standards Working Group includes representatives from the following organizations:

• American Association for Long Term Care Nursing
• American Association of Occupational Health Nurses
• American Association of Safe Patient Handling and Movement
• American Nurses Association
• American Occupational Therapy Association
• American Physical Therapy Association
• American Society for Healthcare Risk Management
• Ascension Health
• Association of Occupational Health Professionals in Healthcare
• Association of periOperative Registered Nurses
• Association of Safe Patient Handling Professionals
• Coalition for Health Care Worker and Patient Safety
• HealthEC, LLC
• Diligent Services
• Hill-Rom
• Human Fit
• Liberty Mutual Insurance Company
• Lockton Companies, LLC
• National Association for Home Care & Hospice
• National Institute for Occupational Safety and Health
• National Network of Nursing Assistants
• Park Nicollet Health Services
• Stanford University Medical Center
• U.S. Army Public Health Command
• Veterans Health Administration
• Veterans Health Administration, Patient Safety Center of Inquiry
• Washington State Department of Labor and Industries

ANA leads initiative to develop national safe patient handling standards. Multi-disciplinary group seeks to establish evidence-based guidelines to address deficiency.
ANA Reaffirms Dedication to Improving Staffing for RNs and Their Patients

Delegates Also Approved Measures Advocating Workplace Violence Prevention Programs, Clean Energy

October, November, December 2012

President Karen A. Daley, PhD, MPH, RN, FAAN.

“It is not acceptable to put patients at risk because of inadequate staffing. Research shows that higher levels of nurse staffing result in better patient outcomes, set nurses up to make sufficient staffing a reality nationwide.”

In March, ANA updated its Principles for Nursing Practice, stating its primary focus on the work environment and broadening it to include all nursing practice settings. ANA’s Board of Directors also acknowledged the validity of minimum nurse-to-patient ratios set by law when combined with strategies that encompass facility and unit level considerations.

The violence prevention measure notes that health care workplaces experience a disproportionate share of non-fatal violence. It requests the U.S. Occupational Safety and Health Administration (OSHA) to require employers to develop workplace violence prevention programs that would include employee involvement; risk assessment and surveillance; environmental, architectural, and security controls; and training and education. In ANA’s 2011 Health & Safety Report, about one in 10 nurses said they had been physically assaulted in the past year, half had been threatened or verbally abused, and one-third ranked on-the-job assault as one of their three top safety concerns.

“I’ve barely scratched the surface of the ways in which ANA has influenced health care at all levels of care,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “It is not acceptable to put patients at risk because of inadequate staffing. Research shows that higher levels of nurse staffing result in better patient outcomes, set nurses up to make sufficient staffing a reality nationwide.”

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“Imagine a world without nurses.” We cannot.

The American Nurses Association (ANA) approved measures June 16 to rededicate efforts to address nurse staffing problems, petition a federal agency to require health care employers to develop violence prevention programs, and advocate for healthier energy choices.

The resolution requests ANA to reaffirm its commitment to become a top concern for direct care nurses that negatively affects patient care and nurse job satisfaction. It notes that staffing decisions remain largely outside of nurses’ control, and that staffing plans lack enforcement mechanisms.

The resolution requests ANA to reaffirm its commitment to advocate for a staffing process, directed by nurses, that is enforceable and that includes staffing principles, minimum nurse-to-patient ratios, workload projection, and penalties for non-compliance in all health care settings where staffing is a challenge.

“Finding solutions to unsafe nurse staffing conditions is a top priority for ANA,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “It is not acceptable to put patients at risk because of inadequate staffing. Research shows that higher levels of nurse staffing result in better patient outcomes, set nurses up to make sufficient staffing a reality nationwide.”

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ANA Pays It Forward

Issue Date: June 2012 Vol. 7 No. 6
Author: Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN

I am an organizational junkie with no apologies. As many of you know, I started my political activism in nursing when I served as president of the National Student Nurses Association (NSNA). That gave me the opportunity to become involved in the American Nurses Association (ANA) before I graduated from my basic nursing program.

Recently I had the privilege of addressing the 60th Anniversary of ANA. While preparing my remarks, I poured over events shaping U.S. social and healthcare history, as well as accomplishments and challenges in nursing during the past 60 years. At annual conventions and in regular reports in the American Journal of Nursing, ANA wrestled with the pressing issues of the day to advocate for nurses and patient care. What became obvious immediately was the seminal role ANA had played in each decade to “lead change and advance health”—the same mantra used to promote action in the recent Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health.”

In the 1960s, ANA spearheaded efforts to formalize health manpower planning, foster legislative action to expand nurse practice acts, and secure gains in economic security. The 1960s were a decade of tremendous and tumultuous social change. ANA’s Committee on Education penned the position paper that proposed the baccalaureate degree as the bedrock of practice. Formalized certification programs were developed, validating greater potential for professional home for all nurses so generations to come will enjoy autonomous, well-compensated, and well-respected practice.

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By the time you receive this, our conference, *Nurses: Leaders in Health Care Improvement*, will have occurred at the Hilton Golf Resort and Spa at Buffalo Thunder. So far we know that nurses from all over the state are attending to learn more about Leadership and Policy, specific clinical tracks, and about recognizing Substance Use Disorders (SUD), how to screen patients, provide pain management for patients with and without SUD, how to legally and safely treat pain, use the Board of Pharmacy’s Prescription Management Program (PMP), when to drug screen, document counseling, and what treatment programs are available in New Mexico, which are appropriate for which types of SUD patients, and more. We had presenters from Washington, DC, Mississippi, Louisiana, and New Mexico. We had some exhibitors from University of Colorado-Colorado Springs, Grand Canyon University, Covidian, Inc., The College Network, and more.

One of the important outcomes of the conference was the recruitment of volunteers from various nursing organizations to help us educate legislators about our legislative initiatives. If you are interested in helping out, contact me. Since we are entering the last 3 months of 2012, and facing a 60 day legislative session during which huge numbers of bills will be vying for legislators’ attention, we need nurse volunteers with some knowledge of the issues to join us in meeting individually with legislators to talk about the nursing profession, national nursing standards, how to ensure that nurses have a voice in policy-making and workplace environment issues across New Mexico. Most of these meetings would require 30 minutes before the meeting, and no more than 45-60 minutes with a legislator.

NMNA has a new office at 125 Palace Avenue, Suite 51, Santa Fe in April, and are ALMOST completed in now. This is in Sena Plaza, ½ block from the downtown Santa Fe Plaza, and 5 blocks from the Capitol. The office is small, but Sena Plaza is delightful and we love having a place to meet with small groups of legislators. We hope to have an Open House for members in October, and plan to schedule nurse helpers for the legislative session to sit in hearings monitoring what is going on, and will use the office before they go to the Roundhouse to explain their role, and how to contact us if something is happening in a hearing that pertains to nursing or health care.

November 6th won’t come soon enough when you have to sit through all the nasty, sometimes false campaign ads. The groups spending millions on these ads are hoping they are so disgusting and depressing that you’ll just not vote, but *every vote is critically important*, especially in county and district campaigns. Don’t let the “money-men” suppress your standing up for yourself and your community! We need to make changes—no matter WHO you vote for, to get Congress to work for the people, passing jobs bills (infrastructure!), protecting our rights and the safety net for the poor, elderly and disabled, and put controls on Wall Street and the too-big-to-fail banks. Be a *Voter in 2012!!* If you aren’t registered, you have until October 9th to take a photo ID or utility bill, bank statement or other proof of residency to the County Clerks’ office to get registered. For more information, go to [http://www.sos.state.nm.us/Voter Information](http://www.sos.state.nm.us/Voter Information).

Carrie

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**SAVE THE DATE!**

**Transforming Care at the Bedside**

4th Annual Conference

October 26, 2012

0800 - 1630

Albuquerque, NM

Embassy Suites

**For registration questions, please contact**

[TCAB@salud.unm.edu](mailto:TCAB@salud.unm.edu)

**GOALS/OBJECTIVES:**

*Transforming Care at the Bedside (TCAB) is a partnership between RWJF and the Institute for Healthcare Improvement (IHI).*

*It is a model that engages nurses as well as multi-disciplinary partners to improve the quality and safety of patient care.*

*It increases the vitality and retention of nurses.*

*Engages and improves the patient’s and family members’ care experience.*

*And it improves the effectiveness of the entire care team.*

---

**THE STRENGTH TO HEAL and focus on what matters the most.**

When you become a nurse and Officer on the U.S. Army Reserve Health Care Team, you’ll be able to continue to work in your community and serve when needed. You’ll be surrounded by health care professionals who share your passion for providing quality patient care. You may also be eligible for financial benefits, including pay incentives and up to $50,000 for nursing school loans.

To learn more about the U.S. Army Reserve Health Care Team, visit us at [www.healthcare.goarmy.com/newmexico](http://www.healthcare.goarmy.com/newmexico).

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### Continuing Nursing Education Listings

NMNA is now an ANCC-accredited approver—all CNE is ANCC approved!

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<tr>
<th>Date</th>
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<tr>
<td>10/15/12</td>
<td>Santa Fe</td>
<td>Therapeutic Touch</td>
<td>7.0</td>
<td>Rita Giugliotta, RN, LMT, BMTI</td>
<td><a href="mailto:rtipenel@nmna.org">rtipenel@nmna.org</a> or 505-438-1199</td>
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<td>11/14/12</td>
<td>Buffalo</td>
<td>2012 SNEA Conference Leadership and Policy, Clinical Competence, and</td>
<td>10.0</td>
<td>NM Nurses Association</td>
<td><a href="mailto:terpe@nmna.org">terpe@nmna.org</a> 505-471-8324</td>
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<td>R E G E Consulting, LLC</td>
<td>505-915-6798   677-777-7703   <a href="http://www.100-EDGE.com">www.100-EDGE.com</a></td>
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- Reduced 50% reduction in membership fees $115.00/yr or $10.70/month
- Not employed $62.00/yr and not earning more than Social Security allows $57.50/yr or $5.30/month
- Special—75% reduction in membership fees $45.75/yr or $4.06/month

Choice of payment:
- Full membership $218.00/yr or $18.67/month
- Reduced 50% reduction in membership fees $109.00/yr or $9.58/month
- Not employed $62.00/yr and not earning more than Social Security allows $54.50/yr or $5.05/month

Choice of payment:
- Full membership $218.00/yr or $18.67/month
- Reduced 50% reduction in membership fees $109.00/yr or $9.58/month
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