An Innovative Nurse Licensure Notification System Service (www.nursys.com)

Rhonda Shimmens, RN-C, BSN, MBA

Typically, when employers want to know if a nurse’s license is about to expire, they have to look it up one nurse at a time. When it comes to learning about discipline status, employers must seek out this information on their own as well.

Not anymore.

With NCSBN’s Nursys e-Notify® system, institutions that employ nurses or maintain a registry of nurses now have the ability to receive automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge. Nurses e-Notify is an innovative nurse licensure notification system that automatically provides institutions licensure and publicly available discipline data as it is entered into Nursys by boards of nursing (BONs). Institutions do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically.

The e-Notify system alerts subscribers when modifications are made to a nurse’s record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/resolutions and alerts/notifications.

For example, if a nurse’s license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Understanding Nursys®

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating BONs' databases (for participating jurisdictions visit nursys.com). Nursys is live and dynamic and all updates to the system are reflected immediately.

Through a written agreement, participating BONs have designated Nursys as a primary source equivalent database. National Council of State Boards of Nursing posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Nursys® Benefits Nurses Too!

Nurses can self-enroll for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. They can receive license expiration notifications, licensure status updates and track license verifications for endorsement.

Learn more about Nursys® e-Notify by viewing an introductory video or visiting the website at www.nursys.com. For questions, contact nursysenotify@ncsbn.org.

Executive Director
Lori Scheidt, MBA-HCM

Protect Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to www.nursys.com/e-notify and selecting “As a Nurse” to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather important workforce data and uses the data to enhance Missouri’s ability to plan for nurse supply and demand and, ultimately, improve healthcare for all.

For a reminder, you and your employer can verify your license at any time at www.nursys.com by clicking on Search QuickConfirm and following the instructions.

- Missouri does not issue a license card. Missouri has joined many other states in eliminating the issuance of license cards due to the fact that they can be forged, altered, misappropriated, and contribute to identity theft. Further, they do not reflect recent disciplinary action. Fraud does not just occur by obtaining financial information or a social security number. It can happen with your nursing license record as well. You should search for your record using Licensure QuickConfirm at www.nursys.com. After you access your record, you can print a report that will show your license number, original issue date, expiration date, whether you have a multistate or single state license and discipline status. Please direct current or future employers to www.nursys.com to verify your license.

- RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, choose the option to receive automated electronic reminders when you have a license that will be expiring within 30 days.

- Keep the board informed of your current name and address. A notification form can be found at www.pr.mo.gov/nursing. There are several reasons for this. Licenses are suspended by operation of law for not filing or paying state income taxes. If we do not have your current address, your license could be suspended without you receiving notification.

Executive Director continued on page 3
DISCLAIMER CLAUSE

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions) 573-526-5666
Missouri State Association for Licensed Practical Nurses (MoSALPN) 573-636-5659
Missouri Nurses Association (MONA) 573-636-4623
Missouri League for Nursing (MLN) 573-635-5355
Missouri Hospital Association (MHA) 573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>25,269</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>102,896</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128,165</strong></td>
</tr>
</tbody>
</table>

As of April 1, 2016

University of Missouri Health Care
Missouri Quality Award Recipient 2006 and 2010

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StoneBridge Senior Living: The 1st choice in Senior Living in the communities served by our family
Executive Director Report continued from page 1

- Failure to inform the board of your current address is cause to discipline your nursing license. Your registration stays with the Board of Nursing of your primary state of residence. The boards are charged with protecting the public. Not all boards have the manpower or expertise to do this. Appropriation will remain with the board so the board can determine each year what they can financially afford based on projected revenue and expenditures.

SB 835 – Nursing Education Incentive Program

Senator Jay Wasson (R-District 20) filed Senate Bill 835. Legislation to establish the nurse education incentive program was passed in 2011. It was set up to transfer funds from the Board of Nursing budget to the Department of Higher Education budget. The Department of Higher Education then dispersed the funds. This bill changes the law so that the nursing education incentive program payments are transferred from the Board of Nursing rather than the Department of Higher Education. Having both the Board of Nursing and Department of Higher Education choose the grantees remains in order to maintain fairness and objectivity.

HB 1850 – Workforce Bill

Representative Diane Franklin (R-District 123) filed House Bill 1850. This more modern compact must be adopted by the 25 member states at www.ncsbn.org. The current compact until then.

SB 985 & HB 2043 - Adopts the revised (enhanced) nurse licensure compact

Senator Jay Wasson (R-District 20) filed Senate Bill 985 and Representative Dave Vang (R-District 147) filed House Bill 2043. Passage of either bill would adopt the revised (enhanced nurse licensure compact). Missouri was the 24th state to pass the nurse license compact in 1999. Senator Hubrecht (R-District 151) filed House Bill 1465. This would limit the number of providers a collaborative physician can enter into to three.

Legislative Session

The 2016 legislative session started January 6, 2016 and will go through May 13, 2016.

May, June, July 2016

Health regulatory boards are creatures of statute with only those powers and authority expressly granted in state statute. This bill will allow the Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Coroners, the Board of Occupational Therapists, Psychologists, and State Board of Registration for the Healing Arts to individually or collectively enter into a contractual agreement with outside agencies for workforce development, Higher Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants or permit holders for future workforce planning and to assess the accessibility and availability of qualified healthcare services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts. It gives the board authority to spend appropriated funds necessary for operational expenses of the program formed pursuant to this section.

Data collection will be controlled and approved by the applicable state board conducting or requesting the analysis. Boards also have no authority to share any data without approval of the applicable state board.

○ Practice is where the patient is at the time nursing is rendered. Know the state’s Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsbn.org.

SB835 – Nursing Education Incentive Program

Section 232.001.3 RSMo, currently authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development.

Not all boards have the manpower or expertise to analyze the data and are not authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share data with another entity or agency unless it meets the requirements in section 324.001.8 RSMo, which allows boards to receive information from other administrative or law enforcement agencies acting within the scope of their statutory authority.

The boards are charged with protecting the public. Addressing the challenging quality and safety issues pervasive in health care depends upon adequate levels of appropriately educated and prepared health care professionals. A shortage of health care professionals is a quality of care issue.
State and school participation in SARA is strictly voluntary. States, districts and U.S. territories are eligible to join SARA upon establishment of verification of comparable national standards regarding their policies and requirements for institutional authorization to offer post-secondary course work in their state and nationally (and distance education). Each participating instution must follow “Interregional Guidelines for the Evaluation of Distance Education Programs” set forth by NC-SARA for post-secondary institutions physically located in their state or territory to participate. SARA agreements are careful to define “physical presence” of the post-secondary institution in order to apply requirements uniformly among SARA states.

The SARA agreement provides ample information regarding SARA policies and standards and can be accessed at http://nc-sara.org. Acceptance in SARA is an assurance that standards set forth by respective regional higher education compact/SARA agreements are met and that educational offerings provided by “SARA schools” in their state hold comparable to standards of their partnering entities within the same region as well as nationally (http://nc-sara.org). Post-secondary institutions with physical presence in a SARA state may become “SARA schools.” Universities and colleges located in such states must then apply and be accepted in order to become a member school.

In 2013, the President’s Forum, along with the Council of State Governments (CSG), was charged with development of a Model State Authorization Reciprocity Agreement (SARA) that would be nationally acceptable; collectively and collaboratively address established policies and standards enforced by the four (4) regional higher education compacts; and that would enable states to utilize other states’ recognition of institutional authority to offer distance education as their own. The National Council for State Authorization Reciprocity Agreements (NC-SARA) was established in 2013 and now oversees SARA agreements that are administered by the four (4) regional higher education compacts. Grant funding was utilized to develop and implement the revised National Council for State Authorization Reciprocity Agreements (NC-SARA) in 2014 (http://nc-sara.org).

It is important to note that SARA authorization to operate distance education in respective states does not apply to “pre-licensure nursing programs” for the purposes of obtaining state licensing for programs leading to state licensing in fields such as nursing, teacher education, psychology, etc.” as stated per SARA website (http://nc-sara.org). Licensing authorities in each state must set forth by individual states must be followed in order to attain and maintain state approval to operate pre-licensure nursing education programs. In Missouri, SARA participation does not cover course work that is offered free of charge, is taken for non-credit or goes beyond the scope of current regulation, such as non-credit course work offered online. In addition, SARA participation does not cover educational offerings/experiences electronically (http://nc-sara.org).

In order to better understand SARA and to truly appreciate efforts gone forth to make all of this happen, it is beneficial to participate in SARA at state and institutional as well as regional and national levels. The National Council of State Authorization Reciprocity Agreements (NC-SARA) describes benefits of SARA participation that can be easily transcribed to educational experiences of students in member states, academic institutions. Benefits may include expansion of educational opportunities/offerings for students in Missouri and other states and reasonable assurance that rules and regulations set forth by state authorizing agencies are consistent. Overall, “SARA school” membership/renewal fees of $500 for initial membership and for annual renewal may apply (http://nc-sara.org). “SARA school” membership/renewal fees of $500 for initial membership as well as for annual renewal may apply (http://nc-sara.org).

References
THE UNIVERSITY OF NURSING DEGREES, REINVENTED.

How did one of Fast Company’s “50 Most Innovative Companies” reinvent nursing school? By letting you fly through the material you already know, master what you don’t, and study for your BSN or MSN whenever your busy schedule allows. Learn more at missouri.wgu.edu.
A Nurse’s Guide to Professional Boundaries

A Nurse’s Guide to Professional Boundaries

Professional boundaries are the spaces between the nurse’s power and the patient’s vulnerability. The power of the nurse comes from the nurse’s professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse–patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential adverse patient consequences and implications. Repeated boundary crossings should be avoided.

Boundary violations can result when there is confusion between the needs of the nurse and those of the patient. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

A nurse’s use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse’s own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of patient confidentiality or privacy, as well as a boundary violation.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient. Professional sexual misconduct is an extremely serious, and criminal, violation.

A Continuum of Professional Behavior

Every nurse–patient relationship can be conceptualized on the continuum of professional behavior. Nurses can use this graphic as a frame of reference to evaluate their behavior and consider if they are acting within the confines of the therapeutic relationship or if they are under or over-involved in their patients’ care. Over-involvement includes boundary crossings, boundary violations and professional sexual misconduct. Under-involvement includes distancing, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from under-involvement or over-involvement; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues’ professional–patient interactions. For a given situation, the facts should be reviewed to determine whether or not the nurse was aware that a boundary crossing occurred and for what reason. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the patient’s best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

Boundaries and the Continuum of Professional Nursing Behavior

- The nurse’s responsibility is to delineate and maintain boundaries.
- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where he or she has a personal, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse–patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).
Q&A Regarding Professional Boundaries and Sexual Misconduct

What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?

The key word here is former. The following are important factors to consider when making this determination:

- What is the length of time between the nurse–patient relationship and dating? What kind of therapy did the patient receive? Assisting a patient with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to and how will that affect the future relationship?

What if a nurse needs therapy in the future? Is there risk to the patient?

What if a nurse lives in a small community? Does this mean that he or she cannot provide care for neighbors or friends?

The difference between a caring relationship and an overinvolved relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural or remote community will, out of necessity, have business and social relationships with patients. In this context, it is extremely important for nurses to openly acknowledge their dual relationship with patients and to emphasize when they are performing in a professional capacity.

The nurse must ensure the patient’s care needs are primary. When this is not possible, nurses should remove themselves from the situation or request assistance from a supervisor or colleague.

Do boundary violations always preclude sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may or may not lead to sexual misconduct. In some cases, even sexual misconduct may be habitual behavior, while at other times it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

Does patient consent make a sexual relationship permissible?

Boundary issues for which there may be reasonable explanations, however, nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations. Signs of professional behavior can be subtle at first, but early warning signs that should raise a “red flag” include:

- Discussing intimate or personal issues with a patient
- Engaging in behaviors that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a patient
- Believing that you are the only one who truly understands or can help the patient
- Spending more time than is necessary with a particular patient
- Speaking poorly about colleagues or your employment setting with the patient and/or family
- Show favoritism
- Meeting a patient in settings besides those used to provide direct patient care or when you are not at work

Patients can also demonstrate signs of over-involvement by asking questions about a particular nurse, or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor.

What should a nurse do if confronted with possible boundary violations or sexual misconduct?

The nurse needs to be prepared to deal with violations by any member of the health care team. Patient safety must be the first priority. If a health care provider’s behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements and the grounds for discipline in their respective jurisdictions; they are expected to comply with these legal and ethical mandates for reporting.

What are some of the nursing practice implications of professional boundaries?

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur. Nurses also need to be cognizant of the boundary violations that occur when using social media to discuss patients, their family or their treatment. These issues are discussed in depth in NCSBN’s brochure A Nurse’s Guide to the Use of Social Media.

NCSBN Professional Boundaries Resources

NCSBN offers a variety of resources pertaining to professional boundaries:

- The “Professional Boundaries in Nursing” video, at ncsbn.org/464.htm, helps explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. Internal and external factors that contribute to professional boundary issues, including social media, are explored.

- The “Professional Boundaries in Nursing” online course was developed as a companion to the video. The cost of the course is $30. Upon successful completion of the course, 3.0 contact hours are available. The course is approved by the Alabama Board of Nursing. Register for the course at learningext.com.

Other resources can be found at ncsbn.org/1615.htm. Nursing Opportunities Available

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Moments with Marcus

by Marcus Engel

When I’m keynoting for a hospital, there’s always a bit of intimidation upon arrival. Before I ever step foot into the building, I’m thinking about worst case scenarios. “Is today the right day? What if I screwed up the calendar and I’m actually scheduled for tomorrow? Now that I’m in (insert place faraway from home) what do I do? Who am I supposed to ask for?” It’s a lot of total anxiety before walking into the place.

Then, on through the sliding glass doors, find the desk in the lobby, hope that the person working the desk knows about the programs that day, and try to find the location inside the hospital but where the heck is that? The McCormack Room? Or was it McNamara… These names mean nothing to me.

All this happened just a month ago. Granted, it happens pretty much every time, but the instance I’m referring to took place in Indiana. Luckily, we met a nurse at the front desk who saved the day.

Nurse Cyndee overheard our conversation and recognized yours truly. I’d like to think this is because I’m so suave and debonair, but really, it was my Seeing Eye dog that gave us away!

Cyndee came out from behind the desk, said she knew where I would be speaking and then said the magic words, “Here, follow me!” She led us down several hallways, navigating Nursing up a couple of escalators, past another public area and showed us into the room where I would be presenting. The walk from the front lobby to the room took several minutes.

All along the way, Cyndee was telling us about the hospital, complimenting her coworkers and talking about how much she loves her job.

Sure, I was there in my professional role, but am I that much different than John Q. Patient? I enter the hospital already nervous. I have to ask for help and, thankfully, Cyndee was nearby. She not only was kind and courteous, but went above and beyond just telling me how to get to where I needed to go.

Hospitals are labyrinths of corridors and hallways and offices and doors. Navigating any unfamiliar territory is a challenge for anyone (not just guys that need Seeing Eye dogs). Imagine how intimidating and confusing they are for someone who is hurting or worried about a loved one with a scary diagnosis. Having that professional who steps up, steps forward and guides the lost into areas of comfort and destination is a winning element of any healthcare facility.

Nurses, you are navigators of compassion. And not just in your healthcare environment. You’re the ones who tell the confused family member that, no, that pimple is probably not malignant melanoma. You’re the ones who guide those with low health IQ to healthier choices. You’re the ones who hold the hands of the vulnerable and afraid, both in and outside the hospital, clinic and home. Thanks to you and nurses like Cyndee, those of us who are “flying blind” have awesome navigators in the co-pilot seat.

Corizon Health, a provider of health services for the Missouri Department of Corrections, has excellent opportunities for RNs, LPNs and Nurse Practitioners.

As members of the Corizon Health healthcare team, our nurses and nurse practitioners are supported by:

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- Excellent benefits
- Opportunities for personal and career growth
- An environment that values innovation to improve patient care
Pursuant to Section 335.066 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

Censure continued...

process. The urine sample provided by Licensee tested positive for Propoxyphene.

Censure 12/31/2015

Benz, Melissa Joy
Kansas City, MO
Registered Nurse 2008034610

Respondent failed to call in to NTS on seven (7) days. Further, on September 14, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two (2) occasions, September 25, 2015, and October 8, 2015, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of February 13, 2015. The Board did not receive a continuing chemical dependency treatment evaluation submitted on Respondent’s behalf by the documentation due dates of May 13, 2015, and August 13, 2015.

Censure 01/08/2016

Hamilton, James Lee
Cairo, MO
Licensed Practical Nurse 2006026920

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of May 7, 2015, or August 7, 2015.

Censure 01/06/2016

Tomlinson, Joyce
Dupo, IL
Registered Nurse 086928

Licensee smoked a student on the back of the head for failing to have proper supplies during clinical.

Censure 01/26/2016

Mason, James L
Billings, MO
Registered Nurse 134605

Respondent failed to call in to NTS on twenty (20) days. Further, on April 30, 2014; July 29, 2014; July 1, 2015; and September 17, 2015, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of May 7, 2015, or August 7, 2015.

Censure 01/06/2016

Censure continued on page 10

Censure continued...

was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On July 11, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates.

Censure 01/06/2016

Smith, Kimberly Dyan
Raytown, MO
Licensed Practical Nurse 2000031263

Licensee practiced nursing in Missouri without a license from June 1, 2014, to November 5, 2015.

Censure 01/29/2016

Owens, Terrie L
Union, MO
Registered Nurse 086110

Respondent failed to call in to NTS on one (1) day. On August 25, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of October 16, 2015.

Censure 01/06/2016

Souvalski, Katherine M
House Springs, MO
Registered Nurse 2005014438

Respondent failed to call in to NTS on one (1) day. Respondent failed to report to a collection site to provide the requested sample. Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol.

Censure 01/06/2016

Selsor, Heather J
Columbia, MO
Registered Nurse 150302

Censure continued on page 10
On August 8, 2014, Licensee pled guilty to the class A misdemeanor of Theft/Stealing. Censure 02/24/2016

Love, Janae Monique  
Kansas City, MO 
Licensed Practical Nurse 2012035238  
Licensee practiced nursing in Missouri without a license from June 1, 2014, to September 4, 2015. Censure 12/08/2015

Gaytan, Misty Renea  
Ozark, MO  
Registered Nurse 2010007668  
In November 2014, the hospital received legal notice that a patient was going to to file a lawsuit against the hospital due to inappropriate access of health records by Licensee. An audit was run of the patient’s record, and it uncovered that from April 2014 to July 2014 Licensee had, on multiple occasions, accessed information about this patient that was clearly outside the scope of her job duties and in violation of HIPAA. Censure 01/21/2016

May, Amelia Joyce  
Bonne Terre, MO  
Registered Nurse 2010023835  
On November 19, 2014, after the agency office had closed, Licensee left her equipment and a note in the agency offices resigning her position. Licensee left her employment without providing adequate time and notice for coverage to be found for her assigned clients who had appointments scheduled on November 20, 2014. Licensee left her employment without completing and signing off on all the necessary client paperwork and documentation on the clients she had seen. The manner in which Licensee resigned her employment, without proper notification, caused a delay in the treatment and assessment of clients she was assigned. Censure 12/02/2015

Barnhart, Stacy Lynn  
Jefferson City, MO  
Licensed Practical Nurse 2006005957  
On five (5) separate occasions, Respondent reported to a collection site to provide a sample; the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol. Censure 01/06/2016

PROBATION

McDaniel, Melanie Elizabeth  
Poplar Bluff, MO  
Licensed Practical Nurse 2001011903  
On February 11, 2019, Licensee pled guilty to the class C felony of assault 2nd degree - operating a vehicle while intoxicated resulting in injury, and the class B misdemeanor of driving while intoxicated - alcohol. On August 18, 2014, Licensee pled guilty to the class A misdemeanor of driving while intoxicated - drug intoxication - prior offender. Licensee has more than one alcohol-related enforcement contact in that she received an administrative alcohol suspension effective January 7, 2009; a point revocation of her driver’s license effective May 4, 2009, based upon her guilty pleas; a chemical refusal revocation effective on September 22, 2014; and, a ten year minimum denial of her driver’s license based upon her guilty pleas as set forth. Licensee states that her sobriety date is August 16, 2014. Probation 02/03/2016 to 02/03/2020

Jones, Michelle Lynn  
Hollister, MO  
Licensed Practical Nurse 2015043926  
On January 22, 2015, Licensee pled guilty to the class A misdemeanor Theft/Stealing. Probation 12/18/2015 to 12/18/2017

Blankenship, Rose M  
Lake Ozark, MO  
Licensed Practical Nurse 053338  
On October 25, 2014 Licensee administered medication to patient AM that belonged to patient AD. Licensee reported that her black purse was missing. It was observed on the video tape that the only other person who entered resident MA’s room was Licensee at approximately 5:52 am. Licensee is then observed leaving the room with an accu check box and a pad with a long black strap hanging down. Licensee was observed moving through the facility for the next ten minutes carrying the pad. Licensee was observed entering a room in another wing of the facility at about 6:00 am, and when Licensee left the room she was no longer carrying anything. There were no residents living in that room. The room was searched and resident MA’s purse, containing her wallet and ID, was discovered

Probation continued...

Schwarz, Wendy Marie  
Lancaster, MO  
Licensed Practical Nurse 2011038190  
Licensee stayed overnight at her client’s house before her 7:00 am to 7:00 pm shift on February 8, 2015. The client’s mother reported that Licensee stayed up most of the night socializing with people at the house. It was reported by the client’s mother that Licensee slept during most of her shift on February 8, 2015, and falsely documented nursing care during that time. The client’s mother reported that she cared for her son on February 8, 2015, while Licensee slept. The client’s mother stated that Licensee woke up around 3:00 pm and then would document in the patient’s chart, and then Licensee left. Probation 02/03/2016 to 02/03/2018

Beatty, Colleen Lee  
Kansas City, MO  
Licensed Practical Nurse 2006010398  
On February 11, 2009, Licensee pled guilty to the crime of driving while intoxicated. On July 11, 2012, Licensee pled guilty to the class A misdemeanor of driving while intoxicated - persistent offender. Licensee submitted, with her application, a treatment plan. The treatment plan indicates that Licensee was admitted to the Comprehensive Substance Treatment and Rehabilitation (CSTAR) program on January 14, 2015. The report reflected that Licensee reported that she had received six DWIs. Probation 12/14/2015 to 12/14/2020

Uhrig, Misty Ann  
Imperial, MO  
Licensed Practical Nurse 2001017758  
COUNT I  
On May 21, 2014, at approximately 8:00 am, Resident MA reported that her black purse was missing. It was observed on the video tape that the only other person who entered resident MA’s room was Licensee at approximately 5:52 am. Licensee is then observed leaving the room with an accu check box and a pad with a long black strap hanging down. Licensee was observed moving through the facility for the next ten minutes carrying the pad. Licensee was observed entering a room in another wing of the facility at about 6:00 am, and when Licensee left the room she was no longer carrying anything. There were no residents living in that room. The room was searched and resident MA’s purse, containing her wallet and ID, was discovered

Probation continued...
in the room. Licensee was questioned about the incident and said that she removed a purse from resident MA’s room believing that the purse belonged to another resident. Licensee stated that she left the purse at the nurses’ desk. No purse was reported as being found at the nurses’ desk.

COUNT II
Licensee admitted the overnight shift from December 30, 2014 through December 31, 2014. As Licensee continued through her shift, her coworkers discovered her to have shared speech, she was unable to complete a sentence, she was very lethargic, and she was unable to maintain her balance. Licensee was observed by her coworkers to fall asleep while she was standing at the medication cart. While Licensee was sleeping on the couch she had episodes of apnea and her coworkers could not wake her up. Licensee’s coworkers called 911 and emergency workers arrived to assist Licensee. Licensee was asked to submit a sample for a drug screen and the drug screen returned positive for benzo diazepines and oxycodone. On January 7, 2015, Licensee was asked to submit a sample for further drug testing, and Licensee refused to submit a sample.

Probation 01/26/2016 to 01/26/2019

McKinney, Kristen Noelle
Jefferson City, MO
Registered Nurse 2005024251

On or about November 21, 2013, between 8:30 a.m. and 9:00 a.m., Licensee was working with a second year nursing student at a hospital, assessing the student’s patient. During the morning assessment the patient was difficult to arouse, but the patient requested pain medication (specifically IV Dilaudid) for a pain rating of 8/10. Licensee was concerned to give the patient the IV Dilaudid because of how lethargic she was that day. The patient refused the oral pain medication, and continued to complain of pain and continued to request the IV Dilaudid. Licensee instructed T.P. to give the patient normal saline, and to tell the patient it was IV Dilaudid. T.P. went into the patient’s room and proceeded to tell the patient they had given her IV Dilaudid. Upon T.P. pushing the normal saline, Licensee stated that the patient immediately became upset and knew that she was not getting her IV Dilaudid, stating “you are lying to me, this isn’t IV Dilaudid.” Licensee told the patient that it was the IV Dilaudid, but that they had diluted it.

Probation 01/26/2016 to 01/26/2018

Dockins, Lisa Carol
Shelbina, MO
Registered Nurse 2006020491

On or about May 20, 2014, Licensee admitted that on or about May 12, 2014 she had administered 0.25 cc of morphine to patient P.V. at 9:00 p.m. on May 12, 2014. Licensee was asked to submit a sample for drug testing, and Licensee refused to submit a sample.

Probation 01/27/2016 to 01/27/2021

Bilynsky, Eryn Rose
Mulberry, KS
Registered Nurse 2014000208

On or about August 2014, Licensee admitted that on or about August 2014 she had diverted morphine. Respondent later admitted to employer that she had not done the medication count with the off-going nurse the previous evening, even though she had documented that she had done so. The nurse who worked the shift prior to Respondent confirmed that she and Respondent did not do a drug count when Respondent started her shift and that Respondent had told her to “go ahead and leave.”

Probation 01/19/2016 to 01/19/2016

Campbell, Nicole Lyne
Kansas City, MO
Registered Nurse 2007025115

On or about March 14, 2015, Licensee exhibited impaired behavior while on site at a long term care facility. Licensee was asked by the hospice company to submit to a for-cause drug screen. On or about March 26, 2015, Licensee’s drug screen was confirmed positive for amphetamines and methamphetamine.

Probation 01/27/2016 to 01/27/2021

Williams, Donna F
St. Louis, MO
Licensed Practical Nurse 031576

Employer noticed that during the May 21-22 night shift patient records for patient P.V. showed that he had expired at approximately 2:00 a.m. on May 22, 2013, but Respondent had documented removing and administering 0.5 cc of morphine to patient P.V. at 6:00 a.m. that morning. On the same shift, Respondent also documented removing and administering 0.25 cc of morphine to patient C.W. at 10:30 p.m. and at 2:00 a.m. The documented count for the medication showed that after these doses were given, the amount remaining would have been 24.5 cc. A count done the next morning, however, showed a count of only 16 cc of morphine. Respondent later admitted to employer that she had not done the medication count with the off-going nurse the previous evening, even though she had documented that she had done so. The nurse who worked the shift prior to Respondent confirmed that she and Respondent did not do a drug count when Respondent started her shift and that Respondent had told her to “go ahead and leave.”

Probation 01/08/2016 to 01/08/2018

Thornton, Kathleen Michelle
Lake Saint Louis, MO
Registered Nurse 2006023339

On or about January 12, 2015, Licensee admitted that on or about January 12, 2015, Licensee admitted that on or about January 12, 2015, Licensee admitted that on or about January 12, 2015, Licensee admitted that...

Probation 01/19/2016 to 01/19/2016

Bilynsky, Eryn Rose
Mulberry, KS
Registered Nurse 2014000208

On or about August 2014, Licensee admitted that on or about August 2014 she had diverted morphine. Respondent later admitted to employer that she had not done the medication count with the off-going nurse the previous evening, even though she had documented that she had done so. The nurse who worked the shift prior to Respondent confirmed that she and Respondent did not do a drug count when Respondent started her shift and that Respondent had told her to “go ahead and leave.”

Probation 01/19/2016 to 01/19/2016

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White, Margaret D  
Kansas City, MO  
Registered Nurse 092964  
On or about February 16, 2015, a GI technician found an unlabeled specimen while cleaning a procedure room. It was determined that Licensee was the RN during the procedure when the specimen was taken. Licensee was unable to identify the patient to whom the specimen belonged and took the specimen home with her and did not report the incident. Several days later the GI technician informed the Director of what happened and asked if the specimen had been identified. The Director began an investigation into what occurred and spoke to Licensee about the issue. When Licensee was questioned about the specimen, Licensee admitted that she became afraid when she found the unlabeled specimen and took the specimen home. Licensee was asked to return the specimen so that it could be sent to the lab for analysis. Licensee returned the specimen to the facility, and the specimen was properly matched to the correct patient. Probation 01/22/2016 to 01/25/2016

Waters, Rex Allen  
Prairie Village, KS  
Registered Nurse 2011040756  
The Missouri State Board of Nursing received information that the nursing license of Respondent was summarily suspended in Kansas due to a disciplinary action being taken by the Kansas State Board of Nursing on December 17, 2014, an Order Lifting Summary Order

Leuckel, Robin Lyn  
Perryville, MO  
Registered Nurse 200070177386  
Respondent reported that she had been “slightly noncompliant” with the Hospital’s drug testing protocol, she had smoked marijuana approximately two weeks before the drug test, and her subsequent urine sample was positive for marijuana. Probation 12/11/2015 to 12/11/2017

De Arman, Christie A  
Dexter, MO  
Registered Nurse 113288  
On January 21, 2015, Licensee submitted a sample for drug screening. Licensee's drug screen returned positive for marijuana. Probation 01/26/2016 to 01/26/2021

REVOKED

Bajkowski, Rebecca J  
Pleasant Hill, MO  
Registered Nurse 100465  
Respondent failed to call in to NTS on three (3) different occasions. Further, on September 11, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample. In addition, on three (3) separate occasions, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On August 19, 2015, Respondent reported to a collection site to provide a sample for a phosphatidyl ethanol bloodspot (PETH) test and the sample tested positive for phosphatidyl ethanol, an indicator of alcohol use. Respondent admitted that she had consumed three (3) cocktails on July 24, 2015. On August 25, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Revoked 01/06/2016

Kennedy, Jennifer Evelyn  
Imperial, MO  
Licensed Practical Nurse 2000168034  
Respondent improperly documented the administration and wasting of controlled substances. Revoked 01/06/2016

Sherrick, Regina R  
Sanborn, MO  
Licensed Practical Nurse 2003022547  
On August 13, 2013, a discrepancy in a patient’s medications was discovered by facility officials. The facility began drug-testing all employees, including Respondent, who had access to the medication room at the facility. On August 14, 2013, Respondent submitted to a drug screen at the facility. Respondent’s drug screen was positive for opiates. Revoked 12/10/2015

Frydman, Bettie C  
Saint Joseph, MO  
License Practical Nurse 028505  
The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of March 26, 2015, June 26, 2015, and September 28, 2015. Revoked 01/06/2016

Waller, Chelsea R  
Kansas City, MO  
Licensed Practical Nurse 2007004958  
Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the due date of October 14, 2015. The Board did not receive a thorough chemical dependency evaluation by the due date of September 8, 2015. Revoked 01/06/2016

 equality. 

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Missouri State Board of Nursing • Page 13

Revoked continued...

Taylor, Julia Ann
Heightsville, MO
Licensed Practical Nurse 2008030789
On June 7, 2011, Respondent pled guilty to the class A misdemeanor of possession of a controlled substance.
Revoked 01/08/2016

Murry, Erica Janice
Saint Louis, MO
Licensed Practical Nurse 2012040641
Respondent practiced nursing in Missouri without a license from July 8, 2013, through November 4, 2013. Respondent was granted a license on November 26, 2013. Respondent additionally failed to cooperate in the Board’s investigation regarding this matter.
Revoked 01/08/2016

Rhodes, Morgan Karli
Miami, OK
Registered Nurse 2006021308
Respondent’s license was disciplined by the State of Oklahoma upon grounds for which revocation or suspension is authorized in this State.
Revoked 12/23/2015

Gannemann, John C
Union, MO
Licensed Practical Nurse 054337
Respondent did not attend the meeting or contact the Board to reschedule the meeting set on July 7, 2015. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date.
Revoked 12/23/2015

Marrero, Jennifer
O Fallon, MO
Registered Nurse 2009039239
Respondent was employed by a hospital in O’Fallon, Missouri, from January 4, 2010, through September 5, 2012. On August 26, 2012, the hospital pharmacy discovered an irregularity in narcotics administration by Respondent. On August 26, 2012, the Flowsheet for patient KS noted that the patient’s IV was removed by 0620. At 0621, the Flowsheet reflected that patient KS was refusing to have a new IV placed. At 0940, Respondent received an order discontinuing patient KS’s IV antibiotic and starting a new order for an oral antibiotic. Even though patient KS’s IV had been removed, Respondent removed and charted the administration of hydromorphone, by IV, at 0808, 1045, 1226, 1444, 1646, and 1836 for patient KS. Nurse LB, the nurse caring for patient KS on the shift after Respondent, reported that patient KS denied receiving any pain medication on August 26, 2012, and had not had an IV all day. Based off of the above irregularities, the hospital conducted an audit of Respondent’s narcotic administrations and discovered multiple discrepancies.
Revoked 12/14/2015

Eden, Miriam Darlene
Nixa, MO
Registered Nurse 2006007406
Revoked 12/23/2015

Voluntary Surrender continued on page 14

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The Missouri State Board of Nursing produces video content with Central Methodist University

The Missouri State Board of Nursing recognized Central Methodist University (CMU) nursing student Taylor Zey for their participation in the creation of a video for the Professional Profiles series. The video was filmed at CMU, and Zey was not present but also received an award for her participation. Zey distributed the video and Scheidt distributed it to nursing contacts throughout the country. The video gained positive feedback and garnered more than 2,000 views on YouTube and social media in the first month.

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Voluntary Surrender

Moore, Stacey R
Auxvasse, MO
Registered Nurse 140416
On May 14, 2015, co-workers at the hospital reported Licensee as lethargic and having slurred speech. Licensee’s affect was flat and her responses were slow. Licensee said that she was having a migraine and had taken medication for it. Licensee’s drug screen tested positive for opiates, barbiturates, and benzodiazepines and was sent off for confirmation testing. Licensee did not have a valid prescription for Morphine.
Voluntary Surrender 02/16/2016

Johnson, Susan L
Sedalia, MO
Registered Nurse 111139
On January 9, 2014, Licensee pled guilty to the class A misdemeanor of DWI. Licensee was diagnosed with Alcohol Use Disorder Severe. Licensee previously pled guilty to driving while intoxicated in February 2010.
Voluntary Surrender 02/10/2016

Townsend, Dennis James
Port Charlotte, FL
Registered Nurse 2015019234
Licensee voluntarily surrendered his Missouri nursing license on December 21, 2015.
Voluntary Surrender 12/21/2015

Thorntill, Kathryn Michelle
Lake Saint Louis, MO
Registered Nurse 2006023339
Licensee Voluntarily surrendered her license.
Voluntary Surrender 01/19/2016

Adams, Natalie Denise
Joplin, MO
Registered Nurse 2005017599
On several occasions, beginning February 2014 through April 2014, Licensee forged a prescription for herself for hydrocodone, as if the hydrocodone was prescribed by Dr. R.H. The prescriptions were filled and picked up by Licensee. Licensee admitted to ingesting the hydrocodone. Licensee was drug tested on April 22, 2014, which was positive for bupenital.
Voluntary Surrender 12/14/2015

Thompson, Elaine F
Fairview Heights, IL
Registered Nurse 076738
Licensee surrendered her Missouri nursing license, effective January 4, 2016.
Voluntary Surrender 01/04/2016

Singleton, Lenore W
Palmyra, MO
Licensed Practical Nurse 018241
On or about May 9, 2014, hospital staff discovered that a vial of ephedrine was missing from an anesthesia cart. Hospital staff reviewed closed-circuit video recordings, which showed Licensee removing a vial from the same anesthesia cart, placing the vial in her pocket, and walking away. On or about May 9, 2014, Licensee admitted to hospital staff that she had taken an ampule of ephedrine from the medication cart in the operating room with the intention of drinking it for a “buzz.” Licensee further admitted to taking ephedrine vials home in the past in order to drink the vials for a “buzz.”
Voluntary Surrender 02/23/2016

Graham, Suzella E
Garden City, MO
Registered Nurse 125636
The Missouri State Board of Nursing received information from the Texas State Board of Nursing via the NURSYS website that Licensee’s privilege to practice in Texas was being taken by the Texas State Board of Nursing in an effort to protect the public. Licensee failed to properly document the administration, waste or return of controlled substances in her possession.
Voluntary Surrender 12/09/2015

MISSOURI STATE BOARD OF NURSING

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NAME       ADDRESS       PHONE       ALTERNATE PHONE       Email

RN         APRN         LPN       Last 4 digits of Social Security Number

Missouri License Number
NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed)       First Name (Printed)

NEW INFORMATION

Last Name       First Name       Middle Name

Daytime Telephone Number       Alternate Telephone Number       Email Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver’s license)

Physical address required, PO boxes are not acceptable

CITY       STATE       ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

CITY       STATE       ZIP

☐ I declare          my primary state of residence effective ____________ (effective date)

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Information on the Nurse License Compact can be found at http://www.nurereg.org

In accordance with the Nurse Licensure Compact “Primary State of Residence” is defined as the state of a person’s declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

* Driver’s license with a home address
* Voter registration card displaying a home address
* Federal income tax returns declaring the primary state of residence
* Military Form no. 2018 – state of legal residence certificate
* W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be required.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state. I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

Signature (This form must be signed)       Date

Complete, SIGN, and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102. Or Fax to 573-751-0745 or Scan and Email to nursingadvice@mo.gov

SCHEDULE OF BOARD MEETING DATES THROUGH 2017

June 8-10, 2016
September 7-9, 2016
November 16-18, 2016
March 1-3, 2017
June 7-9, 2017
September 6-8, 2017
November 15-17, 2017

Meeting locations may vary. For current information please view notices on our website at http://prs.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our website at http://prs.mo.gov.

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Competitive Salary, Excellent Benefits, Sign on Bonus, BSN Retention Bonus.

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We are currently looking for a few outstanding Nurses who want to make a difference in their community. Sullivan County Memorial Hospital in Milan, IL is looking for RNs, LPNs and CNAs for the main hospital campus. We also have an excellent opportunity for a Family Nurse Practitioner to join the healthcare team and work at their outpatient clinic in Green City, MO.

Our providers are devoted to quality care and best practices and are looking for other team members who are dedicated to the same goals. If you are looking for a fun loving team who are dedicated to make a difference, then look no further! This position offers competitive wages, full benefits, along with a signing bonus and relocation bonus being reviewed and offered on an individual basis.

Please call Colleen Schmidt for further information at 844-437-9113 toll free or email your resume to Colleen.schmidt@premierhospitalservices.com

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Offering aggressive sign-on bonuses for experienced nurses.
At MU Health, we welcome the bold within our powerful culture of **YES**.

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- New Psychiatric DNP track starting in August
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**Master of Science in Nursing (MSN)**

- Clinical Nurse Leader
- Clinical Systems Administration

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