Nurses are always on the forefront of health care improvement; and this year we celebrated that with our convention theme of “Nurses: Caring Today for a Healthier Tomorrow.” Convention Co-Chair Winnie Dolph welcomed over 125 attendees to convention on October 8, 2010. A special thank you to Paul Nathenson, Director of St. Jane de Chantal Long Term Care Services at Madonna Rehabilitation Hospital in Lincoln, for his keynote presentation on “Applications of Integrative Medicine (CAM) into Nursing Practice.” Thank you also to everyone who attended.

Of course, we couldn't have done it so successfully without our wonderful volunteer speakers. Many thanks go to the following:

- Paul Nathenson, CRRN, RN, BSN, Madonna Rehabilitation Hospital
- Jane Parks, RN, MSN and Nancy Bredenkamp, MS, APRN-BC, Creighton University, Hastings Campus
- Sarah Thompson, PhD, RN, FAAN, UNMC College of Nursing
- Theresa Delahoyde, Ed.D, RN, BryanLGH College of Health Sciences
- Delegates to ANA’s House of Delegates 2010: Torri Merrien, MSN, RN and Wendy Wells, BS, BSN, MSN, RN

Not only do our presenters give their time and expertise, many of them pay their own mileage expense to travel to convention. We are deeply grateful for your willingness to share with our profession.

We also want to recognize and thank those who welcomed over 125 attendees to convention on October 8, 2010. A special thank you to Paul Nathenson, Director of Rehabilitation Hospital in Lincoln, for his keynote presentation on “Applications of Integrative Medicine (CAM) into Nursing Practice.” Thank you also to everyone who attended.

Once again we are excited to announce a collaborative nursing effort for the 2011 Nurses’ Day at the Legislature! The Nebraska Organization of Nurse Leaders (NONL) will team up with the Nebraska Nurses Association (NNA) to host a morning of dialogue with colleagues, and a lunch devoted to discussing nursing issues with Senators. The day will begin at 8:30 a.m. with presentations and issue forums on Legislative Bills that have been introduced and that various nursing organizations are supporting or opposing, and will discuss how to be supportive of all nursing efforts. Be a part of the discussion on the most current issues, and take away valuable information about nursing topics.

At 12:00 noon, we will have a sit-down lunch with the senators. This lunch has been scheduled as an exclusive event on each of the senators’ social calendars, so we look forward to a great turnout. Each Senator always wants to know if any of his/her constituents are attending, so please indicate your legislative district or your Senator’s name on the registration form.

For those who choose to make a day of it, you are welcome to attend the regularly scheduled 1:30 p.m. hearings of the Legislature’s Health and Human Services Committee at the Capitol. This is a golden opportunity to meet with senators about issues pertinent to nursing in Nebraska and get a first hand view of the work of your unicameral. All nurses and nursing students are welcome to attend this day at the Unicameral to learn more about the legislative issues in Nebraska and meet face-to-face with the representative from your district.

Merten was installed as NNA President 2010-2012.

Caring Today continued on page 4

The Nebraska Nurses Association recently recognized six Nebraska nurses at its annual awards recognition banquet, and presented each of two student nurses with a $500 scholarship award.

Six annual awards were presented. Receiving the Outstanding Achievement in Nursing Award, for achievement over a cumulative number of years with evidence of distinguished contribution to nursing at the local, state or national level, was Dr. Sheila Exstrom, PhD, MA, BSN, RN of Lincoln.

The focus of the Distinguished Service Award is on the nominee’s service to the Nebraska Nurses Association at the district or state level. The 2010 winner is Sharon Hayek, MS, RN of Hastings.
I have struggled with obesity for most of my life. I recently began a long-term commitment to healthy living. I agreed to be videotaped for a newscast as I weighed in and worked out. I agreed to be followed by a local television news station for three months. I agreed to let people in my community watch my struggles and my triumphs. I am sharing my life with others and hope to inspire others by showing that life is not always easy, but that you can choose to make changes. Sometimes you really have to work hard to make changes a reality but the rewards are amazing. I have learned a great deal throughout this process. The most important is that life is about the journey, and not just the destinations.

When I graduated nursing school (10 years ago) I never imagined that I would be chosen to lead the Nebraska Nurses Association as President. My nursing journey has been very different than I had planned. I have spent a few years trying to find the one area I could call my ‘specialty’. I have always welcomed change in my practice and environment. I believe that in order to grow we must all change in some small yet significant way. I have changed a lot over this past three months as I have focused on my healthy lifestyle changes and learned more about ANA and NNA. I have learned that we must focus on the little steps and celebrate the small milestones. I believe that in the next two years we must do this as an organization. We must set in place a strategic plan, small steps and goals. We must celebrate milestones in our journey. We must celebrate the small steps that we make doing the work we do for the professional nurses of Nebraska. Small milestones can lead to grand achievements.

Through all of this I have learned that people, and especially nurses, are resilient, flexible, caring and kind individuals who have a passion for what they do. Nurses care about their patients, their co-workers and those around them. Nurses will do just about anything for anyone. Nurses have a heart of gold. In the coming years we must work collaboratively and collegially as we do the work of the NNA. I would like you all to think about your nursing journey. How has it grown and blossomed over the years? We have nurses in NNA that have remained dedicated to their membership for over 40 years. I applaud their dedication and commitment not only to the organization, but to the profession.

I ask everyone over these next 12 months to share their journey with me and your fellow nurses. Share your love for nursing and your love for the Nebraska Nurses Association. Consider asking a friend, co-worker, nurse to join in our commitment to nursing and to each other.

Thank you for this opportunity to serve the nurses of Nebraska. I welcome your input as we forge ahead on our journey. Please submit any thoughts, stories or suggestions to NNAPresident@nebraskanurses.org.
Well, here we are—about to close the books on yet another year. I’m not exactly sure where 2010 went; but it seemed to go by very quickly. I know I say that every year, but it seemed to be especially true this year.

It was a year where major health care reform was attempted. People are still trying to figure out exactly what effect that legislation will have, and some are attempting to repeal it before it can have any major effect. State legislatures are scrambling to analyze the impact at the state level, including how to fund and implement with limited resources. Our NNA members have had a discussion or two with both federal and state legislators; and I can’t imagine that those conversations will end anytime soon. We are hurtling toward the Nebraska 2011 legislative session; and have some education to do on various issues with new and continuing state senators.

It seems we are cursed—or blessed, depending on your perspective—with living in interesting times. As we pull the last days from the 2010 calendar, we are looking forward with some hope that the economy will improve in the new year, that legislation favorable to nurses and nursing will be enacted, and that even more nurses will become involved in their professional nursing association. Yet we are grounded with the reality that whatever changes transpire in the new year, we will need to approach them with a unified, strong voice. This gives us much opportunity for dialog and action on nursing issues.

I encourage you to mark February 3, 2011 on your calendar, and make plans to attend our annual Nurses’ Day at the Legislature in Lincoln. We need our state legislative senators to hear many nurses’ voices; and to understand nursing issues. We need your help to accomplish that.

I also encourage you to keep up to date on what is happening with health care reform and the national discussion. Nurses still have many opportunities to affect health care policy; and to affirm nurses’ important role in that process. It’s your profession; it’s your responsibility. I know you’re up to the challenge!

Finally, I would like to thank the following nurses for their leadership and service to the State Association. It has been my pleasure to work with you.

Cinda Jourdan Zimmer, MSN, RN--NNA President 2008-2010
Tammy Colegrove, ARNP, MS--NNA Treasurer 2006-2010
Winnie Dolph, MSN, RN--most recently as NNA Vice President 2009-2010, and in many other roles within the Association for the last 12 years or so!

Good luck in your new leadership roles—whatever those might be. I’m sure your service will continue to be valued!
### Poster Presentations:

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<td>A Rehabilitation Hospital Approach to Safe Patient Movement.</td>
<td>Sandy Stutzman, RN, Employee Health Manager; and Davie Shuter-Hill, RN Director Quality &amp; Risk Management System, Madonna Rehabilitation Hospital</td>
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<td>Marilyn Kile, APRN, AOCN, Oncology Nurse Practitioner, Good Samaritan Hospital; Consultant: Carol Ott, RN, PhD Emeritus Associate Professor, UNMC College of Nursing</td>
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<td>Pediatric Simulation: A Model for Student Success and Learning</td>
<td>Jenna Dubas, MSN, RN, Assistant Professor, BryanLGH College of Health Sciences; Jodi Nelson, MSN, RN, CNE, Assistant Professor and Simulated Learning Coordinator, BryanLGH College of Health Sciences</td>
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<td>Impact of Mentored Independent Learning on Nurses’ Implementation of Evidence-Based Practice</td>
<td>Margaret A Pierson, RN, MSN, NE-BC, St. Elizabeth Regional Medical Center; Ellen Fineout-Overholt, RN, PhD, FNAP, FAAN; Clinical Professor &amp; Director of the Center for the Advancement of Evidence-Based Practice: Arizona State University, College of Nursing and Health Innovation</td>
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<tr>
<td>Alternative Clinical Assignment Design: Peer Clinical Pairings</td>
<td>Beth Wagner Burbach, MSN, RN; Karen Weidner, MSN, RN</td>
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### Thank you to our 2010 NNA Convention Sponsors:

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**Nebraska Nurse Practitioners**
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### 2010 NNA Convention

Our annual House of Delegates met after convention on October 9 and conducted its business efficiently. Installed as the new NNA President was Torri Merten, MSN, RN, as Vice President was Nancy Wallman, RN, and as Treasurer was Carrie Crropp, RN. Retiring from the board was Vice President, Winnie Dolph, MSN, RN and Treasurer, Tammy Colegrove, ARNP, MS.

Other members elected to positions were as follows:

#### COMMISSION ON ADVOCACY AND REPRESENTATION

1st Congressional District—Donna McElvain, RN, MSN
2nd Congressional District—Vicki Vinton, BSN
3rd Congressional District—(no candidate; will be appointed by NNA Board)

At Large–Dottie Arent, RN and Karen Wiley, RN, MSN

#### COMMISSION ON NURSING PRACTICE AND PROFESSIONAL DEVELOPMENT

1st Congressional District—Carol Kampschneider, RN, MSN
2nd Congressional District—Joyce Black, RN
3rd Congressional District—Floyd Jordan Colwell, BSN, BSHS

At Large–Heidi Estell Twoghi, RN, AND, CRRN and Jan Baum, BSN, RN

#### NOMINATION COMMITTEE

District 6—Mavis Batchiff, BSN, RN
(no candidates for other districts; will be appointed by NNA Board)

Congratulations to the successful candidates; and thank you for your willingness to serve!
Commission for Advocacy and Representation

by Linda Stones, Chair

What an exciting time for nurses!

Healthcare Reform will create the environment that will stimulate change. A significant amount of change is coming down the pike. Now is the time for nurses to step into the limelight and create the positive changes that are needed to reform our health care systems with the ultimate goal of increasing access and improving quality. Nurses have a choice to make, set back and watch things happen and react to them or get involved in helping to shape the change. While taking a wait and see position may be the easiest short term, it may have significant negative implications. Once decisions are made, it will be hard to make any revisions. I URGE all nurses to get educated on the issues and become ACTIVE. The best way to support them as well.

The Institute of Medicine Report: Every nurse should take the time to read the Institute of Medicine’s recent report, “The Future of Nursing” (see article in this issue). This document clearly outlines nurses’ role in healthcare reform and provides recommendations. Nurses should familiarize themselves with this document and reference it when speaking with our State and Federal representatives.

Federal Legislation: There are three key pieces of legislation that have been introduced at the Federal Level. They are:

- The Registered Nurse Safe Staffing Act (HR 5527/S. 3491). This is an alternate to mandatory staffing ratios.
- The Nurse and Health Care Worker Protection Act of 2009 (HR 2381/ S 778 and H Res 510). This bill requires that OSHA develop and implement a safe patient handling standard that will eliminate manual lifting of patients by direct care staff. It also establishes a grant program to provide financial assistance to facilities in purchasing of safe patient handling equipment.
- The Home Health Planning and Improvement Act (HR 4903/S 2814) will allow Advanced Practice Nurses to write for Home Health Care orders for Medicare and Medicaid patients. Currently only MDs are allowed to write home health orders for these populations.

Visa Issue: Currently any individual who is not a US citizen is prohibited from being licensed as a Nurse in the State of Nebraska. This includes individuals who are here on student VISAs going to school to pursue RN to BSN or RN to MSN programs. Some students attending school in Omaha are choosing to live in Iowa and apply for a Nursing License in Iowa and then attend school and clinical in Nebraska, since Iowa is a contact state. This issue is unique to Nebraska as Nebraska has recently passed legislation prohibiting non-US citizens from receiving benefits from the State. Licensure is considered a benefit. NNA is working with a collaboration of individuals to remedy this situation.

Workplace Violence: As we hear of situations in Health care facilities of violence toward Healthcare providers, we are working to try to increase penalties. Recently New York passed legislation that makes it a felony to anyone who is violent toward a Health care worker. NNA would like to see similar legislation passed in Nebraska.

Disciplinary Action Process Improvements: Last year LB 810 was introduced that would have made improvements in the disciplinary action process for licensed individuals. We heard from several nurses who had negative experiences when they were being investigated. One nurse reported that she was told that if she failed to answer the investigator’s questions, her license would be taken away. We also heard that nurses are not being informed on the reason for the investigation. NNA is working to try to find remedies to make the investigation process better. RNs should know that they have the right to receive counsel and to be informed of the reason for the investigation.

Call to ACTION:

So what can you do as an individual to help address some of these issues? First and foremost is to join your professional organization—the Nebraska Nurses Association and the American Nurses Association. As a member of NNA, you can then join the Legislative Network. As a member of the NNA Legislative Network, you will receive information educating you on these issues and asking for your assistance in communicating with your representatives. Together, with a unified voice, nurses can make a difference.
Around the Districts

**DISTRICT 1**

President: Donna Montemayor, BSN, RN, RT  
H—(402) 932-7124  
E—dmontemayor@charter.net

**DISTRICT 3**

President:  
Missy Ofe-Fleck, RN  
H—(402) 335-3620  
E—mofleck@unmc.edu

Report by Rita Schmitz

It is with mixed emotion that I write my last message for the newsletter. It has been both an honor and a privilege to serve on the board for four years, with the last year in the role as President. I have come to realize a wonderful sense of community among nurses by being an active member of ANA and NNA District III.

District III seated all of our delegates at the State Convention. This is a tremendous accomplishment and we wish to thank Linda Stones and Virginia Hess, Chairs of the Membership and Nominations Committee for this. At convention two awards were given to District III members. Heidi Estell Twogig was recognized at the NNA Outstanding New Nurse and Sheila Exstrom received the Outstanding Achievement in Nursing Award. District III members elected to State Offices are Nancy Waltman (Vice-President), Carrie Cropp (Treasurer), Donna McElvain (Congressional District 1 Representative on the Commission for Advocacy and Representation), Jan Bahm and Heidi Estell Twogig (at large members for the Commission for Advocacy and Representation) and Shirley Retzlaff (Nominations Committee).

District III will hold the annual fall dinner meeting on November 4, 2010 at the BryanLGH West Conference Center. The Guest speaker for this event will be Beth Beam, RN, MSN, Project Coordinator, Programs of Excellence Biopreparedness Grant—HEROES Project. As part of the evening District III will award two $250.00 scholarships. One scholarship will be awarded to an undergraduate/initial degree student and the other to a BSN scholarships. One scholarship will be awarded to an undergraduate/initial degree student and the other to a BSN student. To conclude the meeting the newly elected board members for 2011 will be installed. The officers are President-Missy Ofe-Fleck, President Elect-Rebecca Seaber, Secretary-Cyn Kildare, Treasurer-Lisa Bostwick, Co-Chairs—Programs—Becky Davis and Kelli Anderson, Co-Chairs Legislation and Operational Guidelines—Terrie Spohn and Jodie Nelson, Co-Chairs—Public Relations and Publications—Sandy Carney and Carol Penrosa and Co-Chairs—Nominations and Membership—Virginia Hess and Cathy Smith.

I encourage all District III members to consider serving on the District III Board or working for District III in some capacity. It is truly an inspiring and reigniting experience to get to know nurses from within the District and all across the beautiful State of Nebraska.

**DISTRICT 2**

President: Joyce Sasse, DNP, APRN, PMHNP-BC, PMHCNS-BC, CARN  
H—(402) 932-7124  
E—jsess@cox.net

**DISTRICT 4**

President: Denise Wabel-Rycek, MSN, RN  
W—(308) 865-1600  
E—dwabelrycek@unmc.edu

District 4 members met in September in Broken Bow. A group of district members discussed a meeting held with Senator Gloor and the NNA lobbyist Don Wesley. We discussed the barriers to the practice of the nurse practitioner in Nebraska. We also requested that nurses be involved with the Medical Home Model. Senator Gloor is interested in learning more about the role of the nurse practitioner and the registered nurse in the model. He firmly believes that our healthcare system needs some changes, and he believes that may be the model to use. He cited other states that have had success with this model in their Medicaid systems. He verbalized that members of the unicameral are hesitant to open up the practice act, but this may be achievable within the work of the Medical Home Model. He mentioned however that the priority for the unicameral will be redistricting per the 2010 census results.

The district continues to use facebook as a means of inviting members and non members to the district meetings. Further discussions at our September meeting centered on recruiting younger nurses into the organization.

District 4 had eight delegates to the NNA convention in Kearney. We are currently planning for our annual meeting in November in Kearney where results of our local district elections will be announced and we will celebrate our year.

**DISTRICT 5**

President: Kim Rodehorst-Weber, PhD, RN, AE-C  
W—(308) 635-7093  
E—tkrodeho@unmc.edu

Our district was busy preparing for the convention, and now preparing for election of officers. Our delegate representatives for the convention in Kearney were Connie Morrill, Wendy Wells (alternate) and Suz Wilhelm (alternate). We are trying to develop more of a collaborative relationship with the district’s student nurses association. We will be electing new officers in November, so the nominations committee is busy recruiting potential candidates for offices.

With the installation of officers on November 8, 2010, Dr. Joyce Sasse became the new president of District II. We look forward to her leadership and congratulate her. I want to take this opportunity to thank Anna Mackevicius, the District coordinator, and the faithful board members for their support and camaraderie. I feel very privileged to have been a part of such an excellent team who worked to recognize nurses’ accomplishments, provide educational opportunities, and to promote nursing involvement in the political arenas. I look forward to participating in District II activities in 2011 to increase the Carol Wilson Memorial Scholarship fund.

**DISTRICT 5**

President: Kim Rodehorst-Weber, PhD, RN, AE-C  
W—(308) 635-7093  
E—tkrodeho@unmc.edu

Our district was busy preparing for the convention, and now preparing for election of officers. Our delegate representatives for the convention in Kearney were Connie Morrill, Wendy Wells (alternate) and Suz Wilhelm (alternate). We are trying to develop more of a collaborative relationship with the district’s student nurses association. We will be electing new officers in November, so the nominations committee is busy recruiting potential candidates for offices.
Congratulations to Sandra Jochens for being selected as the NNA Staff Nurse of the Year at the October convention. She serves as the Emergency Room manager at Columbus Community Hospital. Congratulations to Carol Kampschnieder on her re-election as the Congressional District I representative on the Commission on Nursing Practice and Professional Development and to Mavis Hatcliff as the District 6 member of the Nominations Committee. Pat Moeller will continue to serve on the Commission on Advocacy and Representation for the coming year. Seven district members were able to attend all or part of the convention.

District 6 held elections electronically with 33% of members voting. Pam List was elected to serve a second term as President. Mary Andersen was elected Secretary. We thank Alice Kindschuh for her service as Secretary.

Carol Kampschnieder was selected to participate on the PN Item Review for the National Council of State Boards of Nursing in Chicago. The review took place at the Pearson VUE, the NCLEX test service located in Chicago, Illinois from September 14th through the 17th. She would encourage anyone who teaches and/or precepts entry-level nurses to check out the information on the NCSBN website, www.ncsbn.org, to see if you meet the qualifications to serve on a panel.

Around the Districts

**DISTRICT 6**

President: Pam List, MSN, APRN
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E—plist@fcswp.org

**DISTRICT 7**

President: Barb Wenz, BSN, RN
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E—rwenz@charter.net

**DISTRICT 9**

President: Cathy Clark Sybrant, APRN, MSN
H—(402) 684-3235
E—cclark1@huntel.net
The health care reform debate has served to highlight how APRNs are educated.

The completion and endorsement of The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education provides a model for future regulation of APRNs and some critical agreement on education standards.

The development of the document was completed through the collaborative work of the APRN stakeholder community. The document provides a detailed definition of an APRN and the four APRN roles: certified registered nurse anesthetist (CRNA); certified nurse-midwife (CNM); clinical nurse specialist (CNS); and certified nurse practitioner (CNP).

APRN education must be through a formal, pre-associate degree or post-graduate certificate (either postmaster’s or post-doctoral). Institutions offering APRN education programs must be accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA), or both. To admitting students, the programs must attain pre-approval, pre-accreditation, or accreditation status.

APRN programs must offer what have come to be called “the 3 Ps.” This refers to the requirement for a minimum of three separate comprehensive, graduate-level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology.

Principles for decision making are another key component of APRN education. While the specific coursework will vary among the roles and the clinical work of the nurse anesthetist is quite different from that of the pediatric nurse practitioner, every APRN is prepared to assume responsibility and accountability for health promotion or maintenance (or both) as well as the assessment, diagnosis, and management of patient problems. Management includes the prescribing of both pharmacologic and nonpharmacologic interventions.

Specialty preparation is optional in advanced practice. When an education program offers a specialty, such as palliative care, substance abuse, or nephrology, the ANA (2004) Criteria for Recognition as a Nursing Specialty is used to define the specialty. Realizing that new APRN roles or population-focus may evolve, the consensus model spells out a process to develop nationally recognized core competencies, and education and practice standards for a newly emerging role or population-focus, and a set of criteria which must be recognized.

With five years to the target date for full implementation of the model (2015), APRN education programs and tracks are working to meet the foundational “Requirements for education” as defined in the model: to be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA), or both; to be pre-approved, pre-accredited, or accredited prior to accepting students; and to ensure that graduates are eligible for national certification and state licensure.

Nurses interested in pursuing education in one of the four APRN roles can find detailed information, including lists of accredited programs, on the Web sites of the American Association of Nurse Anesthetists (www.aana.com), the American College of Nurse-Midwives (www.midwife.org), the National Association of Clinical Nurse Specialists (www.nacns.org) and the American Academy of Nurse Practitioners (www.aanp.org), as well as NP specialty organizations.

For more information about the APRN consensus model, access the ANA “toolkit” on our Web site: www.nursingworld.org/consensusmodeltoolkit. Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.

Much of the work ANA does on advanced practice registered nurse (APRN) issues falls under the broad category of “scope of practice;” from ensuring that the scope of APRN practice is understood, to supporting the efforts by ANA and other APRN stakeholder organizations to ensure nurses are able to function fully as APRNs. ANA receives inquires from members, employers, and policymakers that ask, “Is it within the scope of practice of an APRN to ______?” fill in the blank with a host of procedures. Answers to these questions are rarely simple; ANA has developed a Web-based resource to provide guidance that can be found at http://nursingworld.org/EspeciallyForYou/AdvancedPracticeNurses.aspx. This series of Web pages provide detail about each component of determining scope of practice: standards of practice and competencies; state laws and regulations; institutional policies; and individual judgment and self determination. Liability considerations are included as well.

ANA’s Nursing Scope and Standards of Practice is a foundational document that addresses the full continuum of nursing practice–registered nursing to advanced practice registered nursing. Representatives from each of the APRN roles recently participated in the updating of this important document. Revisions in the 2nd Edition, which takes a more detailed look at APRNs than did the previous edition, include a broadened definition of the APRN, referencing the licensure, accreditation, certification, and education (LACE) model and defining APRN roles identically to the Consensus Model for APRN Regulation. The scope and standards of practice and the accompanying competency statements, are meant to address the universal, fundamental elements of practice and professional performance of all nurses. ANA is careful to maintain broad yet practical language, recognizing that APRN professional societies have developed role-specific standards of practice and core competencies for the APRN community. ANA’s revised edition specifically links to and references those groups’ standard-setting documents.

ANA also expends significant resources protecting the scope of APRN practice. ANA was instrumental in founding the Coalition for Patients Rights (CPR) and plays a key role in its day-to-day operations. The CPR brings together APRNs with a number of other health care professionals to counter the activities of the American Medical Association’s Scope of Practice Partnership. We follow the activities of 50 state legislatures. CPR and ANA work closely with our constituent member associations to address legislative and regulatory barriers where they are most pronounced—at the state level. ANA’s goal is to ensure that the public has access to the quality care provided by APRNs.

To learn more about the Consensus Model for APRN Regulation, go to www.nursingworld.org/consensusmodeltoolkit. To learn more about CPR, go to: www.patientsrightschicago.org.

Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.
How the Health Care Reform Law Affects APRNs

by Lisa Summers, DrPH, CNM
Reprinted with permission of ANA

Now that the health care reform bill has been signed into law, it is a good time to review ANA’s advocacy for health system reform and take a look at how advanced practice registered nurses (APRNs) were recognized in and incorporated into the “Patient Protection and Affordable Care Act” (PPACA).

PPACA was the culmination of many years of policy and advocacy work on the part of ANA and its members. Prior to the 2008 elections, ANA published a Health System Reform Agenda that updated principles first disseminated in the early 1990s, calling for guaranteed access to high-quality, affordable health care for everyone. In addition, ANA worked in concert with the nursing community to develop Commitment to Quality Healthcare Reform: A Consensus Statement from the Nursing Community, which included many recommendations specific to APRNs. ANA members held elected officials to their promise of universal health coverage by joining ANA’s health reform team and contacting members of Congress, testifying at hearings, sharing personal stories, and attending rallies and events. And in the process, APRNs educated members of Congress and their staffs about the value of APRNs.

There are many important provisions of interest to APRNs in the new law relating to education, new models for patient care delivery, and reimbursement. Some of the highlights include the following:

- $50 million a year to establish graduate nurse education (GNE), including programs for each of the four APRN roles.
- A mandatory funding stream for Title VIII programs, which include advanced nursing education grants that prepare nurse practitioners (NPs), clinical nurse specialists (CNSSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).
- A demonstration grant to create a one-year residency program for NPs in federally qualified health centers and nurse managed health centers (NMHCs).
- $50 million in grants for NMHCs.
- A grant program for school-based health centers.
- The recognition of NPs and CNSSs as “Accountable Care Organization (ACO) Professionals.”
- A 10 percent bonus payment under Medicare for primary care practitioners, including NPs and CNSSs.

ANA joins with our newest organizational affiliate, the American College of Nurse-Midwives, in its celebration of success in a long-fought battle for payment equity. Since the original recognition of CNMs under Medicare in 1988, CNMs were reimbursed at 65 percent of the rate paid a physician for the same services. Effective January 2011, the reimbursement rate for CNMs for covered services will be 100 percent, increasing access to midwifery care for disabled and senior women in need of reproductive health services and maternity care.

Many important details are not spelled out in the legislation, but will be left to the regulatory process, during which various agencies will be responsible for issuing rules. Some of those details, such as the formulation of the interdisciplinary team in the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

This “rule making” is a complicated and often a long process (typically as long as 18 months), although the administration is moving forward quickly. ANA is following the process closely and will provide updates to members. Likewise, we are following the formulation of various commissions and will work to ensure that the interests of nursing are represented.

While there is much to be celebrated, not all our legislative priorities for APRNs were addressed in PPACA, notably the certification of home health services and Medicaid reimbursement.

For more information, refer to the Health Care Reform Toolkit on www.nursingworld.org, which includes summaries and detailed coverage of PPACA, a timeline for implementation, and the key provisions related to nursing, including APRNs. If you have questions relating to ANA’s work on behalf of APRNs, contact Lisa Summers, DrPH, CNM, senior policy fellow, department of Nursing Practice and Policy at lisa.summers@ana.org.

Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.
Dear Colleagues:

Ten years ago, I was proud to attend the signing ceremony for the federal Needlestick Safety and Prevention Act in the Oval Office of the White House. It was a great day to stand with President Clinton, Health and Human Services Secretary Shalala, members of Congress, and other advocates who had worked diligently to improve the safety of nurses’ work environments.

The law has made many workplaces safer, and I am gratified to know that needlestick injuries have been prevented as a direct result of our efforts. Yet, as we mark this milestone, we know too many health care professionals are still at risk of a sharps injury and that more work needs to be done.

That is why, on this 10th anniversary of the passage of federal legislation, the American Nurses Association is re-launching a campaign to educate nurses about the law and what can be done to prevent needlestick injuries. Please take a moment to listen to my story and visit ANA’s Safe Needles Save Lives website to find out more about how you can join in this important work.

Sincerely,

Karen A. Daley, PhD, MPH, RN, FAAN
President
American Nurses Association
www.needlestick.org
professionals feel a great deal of shame for decisions they have made. For many, I feel this is a starting point. When they attend the alcohol/drug assessment, it gives them an opportunity to tell their story. My hope is that they are able to move away from the guilt, shame and possible denial and gain some understanding and hope for the future.”

“I recently had the pleasure of running into a previous client who was an adolescent when I worked with him. He thanked me for all the work I did with him and for putting up with him on his bad days. I reminded him he did all the work, I just supported him when I could and challenged him when he needed it. I believe I am here to help support the professionals in the NE LAP program and challenge them when they need it so they can move on just as he did. The greatest feeling I experience as a counselor is when someone says ‘I get it’ and moves forward in their recovery and on with a healthy life.”

“I feel fortunate to have this opportunity to work with the NE LAP. I feel the program is a stepping stone for professionals that are seeking a better life for themselves and their families through an increased understanding of their addiction and their recovery.”

If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment or would like to schedule an educational presentation on alcohol/drug addiction and the health service professional, contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our Web site at www.lapnc.org.
Institute of Medicine Releases Report on Nursing

by Linda Stones, RN, BSN, MS, CRRN and Linda Lazure, PhD, RN

On October 5th, the Institute of Medicine (IOM) released a report entitled “The Future of Nursing: Leading Change, Advancing Health”. This is a critical report that highlights the future of nursing in healthcare reform and has several recommendations. The Institute of Health was established in 1970 under the charter of the National Academy of Sciences. The Institute of Medicine provides independent, objectives, evidence-based advice to policy makers, health professionals, the private sector and the public.

The report was a two year initiative of The Robert Woods Johnson Foundation (RWJF) and the Institute of Medicine (IOM) to respond to the need to assess and provide independent, objectives, evidence-based advice to policy makers, health professionals, the private sector and the public.

The report was to create a blue print for the future of nursing. Those listening to the press conference heard the report described as “courageous and consequential” and “revolutionary, rather than evolutionary”. Dr. Linda Burns Bolton noted that nurses will be working in partnership with consumers. “When we can improve ourselves with education, collaborate with physicians and other healthcare professionals, and stand up and lead, healthcare and society benefit.”

Dr. Jack Rowe, a physician who has participated in this and previous IOM reports, commented that the evidence before the panel was objectively evaluated with the same rigorous standards used in previous IOM reports. Evidence was evaluated that attested to the capability of nurses to fill the MD shortage gap. He noted the past concern by physicians, but hoped that this report’s well scrutinized evidence that nurses can, indeed, develop primary, anesthesia, and obstetric roles would be welcomed by physicians.

With more than three million members, the Nursing profession is the largest segment of the nation’s health professionals. Physicians, but hoped that this report’s well scrutinized evidence that nurses can, indeed, develop primary, anesthesia, and obstetric roles would be welcomed by physicians.

The report concludes that the United States has the opportunity to transform its healthcare system and nurses can and SHOULD play a fundamental role in this transformation. To read the IOM report, it can be found at http://iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx. The report can be downloaded for free from this site.

The plan for implementation includes an “implementation launch” by the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) on November 30 and December 1. Dr. Marilyn Valerio will be attending, representing the Nebraska Team that is a part of the Center to Champion Nursing in America.

In case you missed the press briefing on October 5th on the IOM report on the Future of Nursing here it is. It is definitely worth listening to: http://www.visualwebcaster.com/event.asp?id=72689

IOM Recommendation 1: Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.

IOM Recommendation 2: Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

IOM Recommendation 3: Nurses should be full partners, with physicians and other health care professionals, in redesigning healthcare in the United States.

IOM Recommendation 4: Effective workforce planning and policy making require better data collection and an improved information infrastructure.

From IOM Report on the Future of Nursing

ANA and CMA activities reflected in the IOM recommendations

October 6, 2010

ANA was gratified to find that many of the elements and recommendations of the Institute of Medicine (IOM) Report on the Future of Nursing are reflected in our ongoing work to advance the nursing profession. We are in complete agreement with the four “key messages” of the report. ANA and the Constituent Member Associations (CMAs)(a.k.a. state nursing associations) have engaged in a wide range of activities over time that support the evidence based recommendations of the IOM. While not an exhaustive list by any means, some of these efforts are noted below, keyed to each recommendation. Our Constituent Members are adding their own efforts to this preliminary list, so that we may compile in one place a repository of the extensive work that nursing has done -- and is doing -- to advance our profession and patient-centered care in a reformed health care system.

KEY MESSAGES from IOM Report on the Future of Nursing

As a result of its deliberations, the IOM committee formulated four key messages that structure the discussion and recommendations presented in this report:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

RECOMMENDATIONS from IOM Report on the Future of Nursing

ANA’s ongoing work pertinent to the recommendations

IOM Recommendation 1: Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.

ANA has committed extensive resources to assure that all registered nurses, including APRNs, are able to practice to the full extent of their education, training and knowledge. ANA addresses the scope of practice for all registered nurses in 2010 Nursing: Scope and Standards of Practice, Second Edition and within the specialty nursing areas published through Nursesbooks.org.

Addressing scope of practice barriers at the national level: The IOM report contains multiple references to the Consensus Model for APRN Regulation. ANA had a key role in the development of the model, and continues to make significant contributions in its implementation. See: http://www.nursingworld.org/consensumodel/toolkit

ANA was a founding member of the Coalition for Patients Rights (CPR) in 2006 and continues to be an active participant. CPR, consisting of more than 35 organizations representing a variety of licensed healthcare professionals, was formed to address scope of practice barriers and ensure that patients have direct access to the full scope of services offered by the quality health care providers of their choice. http://www.patientrightscoalition.org/.

ANA has been working in collaboration with the associations representing each of the four APRN roles for the past year to identify specific barriers to practice in federal law and regulation. Some of those barriers were successfully reduced or eliminated in the Affordable Care Act. The coalition continues to meet regularly together and with key stakeholders to seek appropriate changes in laws and regulations.

During the 111th Congress:

ANA has been actively working to enact the Home Health Planning and Improvement Act (H.R. 4993/S. 2814) which would allow nurse practitioners (NPs), clinical nurse specialists (CNSS) certified nurse midwives (CNMs) and physician assistants (PAs) to order home health services under Medicare in accordance with state law.

ANA has also been a strong supporter of the Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2009 (S. 63). This legislation would remove barriers
to practice and improve access to services of APRNs and PAs to Medicaid beneficiaries.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Private and public funders, health care organizations, nursing education programs, and nursing associations should collaborate with one another to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and delivery systems. There should also be a commitment to provide opportunities for nurses to diffuse successful practices.

ANA's Nursing: Scope and Standards of Practice, 2nd edition, p. 55) ANA has provided a tool kit to facilitate the work.

IOM Recommendation 5: Double the number of nurse residency programs. State boards of nursing, accrediting bodies, schools of nursing, and employers should collaborate to ensure that the number of nurse residency programs is doubled by the year 2020. 

ANA's Nursing: Scope and Standards of Practice, 2nd Ed., p. 55) ANA empowers nurses to be competent professional leaders in health care. Leadership is intrinsic to the profession and has been a formal professional standard of nursing practice in both the professional practice setting and within the profession for nearly two decades. (Nursing: Scope and Standards of Practice, 2nd Ed., Standard 12, p.55)

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health leaders should ensure that leadership positions are available to and filled by nurses.

ANA supports the appointment of Mary Wakefield, PhD, RN, FAAN, as Administrator of HRSA, as well as the appointment of Marilyn Tanner, Principal Deputy Assistant Secretary for Health and Administration Officer of HRSA. ANA also successfully advocated, with other nursing groups, for Mary Naylor, PhD, RN, FAAN to be appointed to MedPAC, and Judith J. Warren, PhD, RN, BC, FAAN, FACMI, to be seated on National Committee on Vital and Health Statistics (NCHVS) of HHS. ANA spearheaded a successful effort to obtain a Workforce Seat on the IOM Committee on Immunization Practices, and has also sponsored a soon-to-be named member of the National Vaccine Advisory Committee.

ANA is advocating for several highly qualified nurses to serve as candidates for a variety of committees and advisory groups created by the Accountable Care Act (ACA) has been instrumental in this endeavor. This support been working to advance this initiative. 

IOM Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data. The National Health Care Workforce Commission, with oversight from the Office of the Assistant Secretary for Health (OAS), should build a collaborative effort to improve research and the collection of health care workforce data to determine the workforce requirements. The Workforce Commission and the Health Care Workforce Centers should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

Many CMA's participate in the Forum of State Nursing Leadership Council (FSNLC) and have been instrumental in their efforts to focus on the nursing shortage within their state. Twenty nine states are known to have created health care or nursing workforce centers, which vary in their resources and subsequent approaches and outcomes. Many are non-profit and have as a primary goal nursing recruitment. ANA constituent member associations have been working to build an infrastructure. ANA, which is instrumental in helping to globalize the effort to ensure an adequate supply of qualified to meet the health needs of US residents. The FSNLC has developed National Nursing Workforce Minimum Data sets in the areas of nursing supply, nursing demand, and nursing education programs. See also www.nursingworkforcecenters.org.

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Membership

Please type or print clearly. Please mail your completed application with payment to: NNA, PO Box 82086, Lincoln, NE 68501-2086

Credentials Home Fax Number Basic School of Nursing Email Address Employer County Position

Under the Omnibus Budget Reconciliation Act of 1993, that deductible as a business expense.

the non-deductible portion of dues for the 2007 tax year is necessary business expense. NNA reasonably estimates that charitable contributions for tax purposes, but may be appropriate dues for the category you have selected above. 

Select your NNA district from the map at right; chose the correct membership option chart below; and find the

Would you like to receive NNA email updates with important information

Graduation (Month/Year)

City/State/Zip Code + 4 Work Fax Number

Home Address Work Phone Number

Last Name/First Name/Middle Initial Home Phone Number

Payment Plan (please check)

Full Annual Payment

Membership Investment (ANA-PAC – optional – $20.05 suggested)

Check payable to: ANA-PAC

Annual Dues ($)

Total dues and contributions that will be deducted from your account in full or monthly payments. NNA reserves the right to change the installment plan due to non-availability of funds.

Payment Plan (please check)

Dues (Monthly Electronic Payment)

This is to authorize monthly payments to the Nebraska Nurses Association to be automatically drafted from your checking or savings account on the 1st of the month. This authorization will continue month to month until cancelled by the above-signed thirty (30) days advance written notice. Above-signed thirty (30) days advance written notice. Above

This payment plan is available only where there is a Payroll Deduction plan in place.

This is to authorize annual credit card payments to ANA. By signing on the line, I authorize ANA to charge my designated credit card the amount listed for the full annual membership dues and to process this payment at the expiration date designated above. Membership will continue month to month until cancelled by the above-signed thirty (30) days advance written notice. Above

To be completed by NNA/ANA

Employee name

Home address

Area Code

Expiration Date

Account #

Signature

Credit Card Information

Name on card

Credit Card Number

Expiration Date

Annual Credit Card Authorization Signature*

To sign the above Annual Credit Card Authorization, you must complete the information and this credit card will be debited to ANA's credit card account. ANA will inform your bank that your credit card account is authorized to be charged in the amount listed above on the expiration date designated above. Signature will conform with information you have provided to ANA.

Payroll Deduction Authorization Signature*

To sign the Payroll Deduction Authorization, you must complete the information and this credit card will be debited to your salary account. ANA will inform your bank that your salary account is authorized to be charged in the amount listed above on the expiration date designated above. Signature will conform with information you have provided to ANA.

Dec 2010, Jan, Feb 2011

District 1

Barb Wehrman

Stacy Werner

District 2

Vickie Dolan

Grayson Huben

Ellen Piskac

Catherine Rongish

Sherie Schmid

Sara Wolfson

District 3

Molly Carlson

Jenna Duhos

DiAnn McNally

Vickie Pfeifer

Sandra Stutzman

District 4

Marcelyn Holmes

James Winchester

District 5

Suan Backer

December 2010

1. The Nebraska Nurse is in your mailbox

2-31 Christmas Holiday, NNA office closed

January 2011

3-7 Executive Enterprise Conference, San Diego (for Executive Directors)

6 Nebraska Legislature Convenes

11 Nebraska Nurse: Articles for the March/April/May issue are due to NNA state office

TBA Commission on Advocacy & Representation Conference Call – 7:00 pm CST

TBA Commission on Nursing Practice & Professional Development Conf. Call – 7:00 pm CST

TBA Nominating Committee meets and Prepares Slate of Candidates

February

3 Nurses’ Day at the Legislature – 8:30 am to 1:30 pm – Cornhusker Hotel, Lincoln, NE

TBA Nominating Committee meets

March

1 The Nebraska Nurse is in your mailbox

10 NLNC Nursing Summit, Kearney Holiday Inn

31 Intent to run for NNA office deadline NNA Candidate (Leadership) Profiles Due

TBA Bylaws Committee meets

TBA Nominating Committee meets

TBA ANA Constituent Assembly – Silver Spring, MD

TBA CE Approval Committee meets

April

12 Nebraska Nurse: Articles for the June/July/August issue are due to NNA state office

2010-2011 Calendar

Nebraska Nurses Association Membership Application

PO Box 82086, Lincoln, NE 68501-2086 • (402) 475-3809 • Fax: (402) 328-2039 • admin@nebraskannurses.org

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