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**I Am TNA**

*by Richard Aries, MSN, RN*

When I was asked why I joined the Tennessee Nurses Association, I knew it was going to be difficult to answer because I joined for so many reasons. And, those who know me best know I rarely do anything for one reason. But, the reason I finally made the decision to join was that I was asked by several Vanderbilt mentors, particularly Leanne Busby, DSN, RN, APRN, BC, FAANP, and Thomas L. Christenbery, PhD, RN. I knew they would guide me in the best direction. In my heart, though, I was committed to doing what was right, and I had continued to weigh whether to join TNA. I kept looking to see if they were doing valuable work that was important to nurses and patients.

After being asked to join, I spent a lot of time reading about (continued on page 2)
I Am TNA
(Continued from page 1)

TNA’s efforts, I followed the changes they were making in practice laws to help nurses. And, I was pleased at the great legislation they were helping draft. They really seemed to put a lot of work and thought into best practices. I came to know in my heart and mind that joining TNA was the right thing.

Again, though, I then hesitated because I feared the money and the time commitment. However, I realized that the time committed would be my choice. And, the money was small compared to the benefits I’d get and give. TNA does not demand time of its members, who give the time they want to give. Yet, without giving time, simply being counted as a member empowers nurses where numbers mean power—in politics. But, what is most amazing is that even in being part of this greater voice, the leadership of TNA listened to me. Me—an individual. I had a greater, coherent voice because the things I said were heard. They genuinely took the time to listen and weigh the things I thought were important. A large organization like TNA does that—it commits heart and mind to doing the right thing after listening. I have been pleased that TNA, like my mentors at Vanderbilt, empowered me as a nurse to help patients.

I’ve since learned that the heart of TNA feels, as I do, that people matter. Throughout the year, TNA focuses on improving nursing practice by strengthening legislation. It spends time educating nurses on best practices. Through the power of joining forces, we who are together in TNA make a difference in the lives of our patients by direct, and indirect, intervention.

The mind of TNA wants us to think hard about how resources are expended. TNA seeks to provide fair and equal access to care. TNA knows that caring for all members of society shows that we understand the purpose of society—banding together for the advancement of each individual and society as a whole. It knows that it is what makes us human, and most humane. Without a doubt, another reason to join TNA is to help humanity live up to its potential by nurturing nursing.

Ultimately, joining TNA boiled down to this for me. I believed John Donne when he said “No man is an island, entire of itself...any man’s death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee.” Nursing has been about being part of a greater purpose, the whole of society and the world, in order to improve all life. Denis Waitley made it even clearer by restating, “No man or woman is an island. To exist just for yourself is meaningless. You can achieve the most satisfaction when you feel related to some greater purpose in life, something greater than yourself.”

Being part of TNA has brought me closer to the nursing community and helping to build a better society.

Tennessee Nurses Association Presents 2009 Media Award to Knoxville’s Wilhoit and Becker with WBIR-TV

The 2009 TNA Media Award recipients were Robin Wilhoit and John Becker with WBIR-TV in Knoxville. Wilhoit is co-anchor of WBIR’s Action 10 News at 6 p.m. and 11 p.m. and reporter for WBIR’s Health Beat segment. Becker co-produces and moderates the Ten News weekly political roundtable “Inside Tennessee” along with other responsibilities.

The TNA Media Award recognizes a member of the media and publication network whose work promotes a positive and professional image of nurses and the nursing profession; contributes to consumer and professional health awareness; highlights nursing’s role in the health care system; and demonstrates innovation, creativity, and integrity in presenting issues related to nursing and health care.

Wilhoit and Becker were recognized for inviting nurse leaders to present key issues on their broadcasts and contributing to greater visibility and consumer awareness of nurses’ roles in the care of Tennessee citizens. It is largely due to the recipients’ advocacy that nurses have been able to sustain a voice in the current struggle for academic nursing programs, adequate staffing, and quality health care. They were nominated by Carole Myers, PhD, RN, and Maureen Nalle, PhD, RN, assistant professors at the University of Tennessee Knoxville’s College of Nursing.

Robin Wilhoit and John Becker

At a time when there is a national shortage of nurses, regional and statewide media coverage of nursing issues is extremely important in generating both public awareness and legislative responsiveness to the health care implications. Nursing’s dependence on media partners to convey these issues in a timely, knowledgeable and sensible manner cannot be overlooked or underestimated. WBIR-TV has been such a partner to nursing in the Knoxville region.

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Safeguarding the Nursing Profession with One Voice
by Beth Smith, PhD, RN, CCRA

A Registered Nurse (RN), according to most sources, is a person with a specific body of knowledge who has been granted the authority to perform “acts of nursing” for compensation. The authority for the practice of nursing is defined in the United States and governed by laws unique to each state. Entrance into the practice of nursing is regulated by the state and the national level. Did you know, however, that this has not always been the case? In 1897, a group of citizens of a given state in order to better speak collectively with “one voice” in order to influence legislative bodies, the American Nurses Association was created. Alumnae of the United States and Canada, the forerunner to the American Nurses Association, was created in 1897. The purpose of the Nurse Practice Act was to safeguard the public from those who wish to practice “nursing” without a required license that states to the public this person is qualified to provide this care? Yes, I am talking again about the American Nurses Association, and in our state, the Tennessee Nurses Association. What you don’t know and do not have to time to investigate on a daily basis can impact the practice of nursing in this state, as well as the lives and health of those we serve in this profession. My dues help pay TNA staff who do pay attention and keep all of us members alert to potential threats to our professional nursing practice. Again, I remind you…we need you. Now you know one major reason why you need us!

Delegation in Nursing Practice—
New Online CE Module
by Sharon Adkins, MSN, RN

The Tennessee Nurses Association is pleased to provide a new online CE module, Delegation in Nursing Practice, to the nurses of Tennessee.

This educational tool provides an opportunity for the Tennessee RN to review and update their knowledge of the Tennessee Nurse Practice Act and their role in delegating nursing tasks. Tennessee nurses members were surveyed about their perceptions and knowledge of delegation and these results guided the content for the module. Application of knowledge was a theme that emerged from the survey, hence the participant will benefit from many case scenarios included in the module. Organizations and individual nurses can improve practice and minimize risk when healthcare workers’ knowledge of acceptable practice is current and consistent among the team. Take this opportunity as an RN to participate in this module, or as an organization, make this module a requirement for annual competency. Patient care will benefit and nurses will be more confident in the care they provide.

This course is provided by the Tennessee Nurses Association and is approved for one contact hour of continuing nursing education. The Tennessee Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

To access the online CE module, visit the TNA website at www.tnaonline.org and log into the Members Only Home link. Click on the link for the Delegation in Nursing Practice Online CE Module to access the link to the module and the special code for TNA members to enter to take the course free of charge.

Nurses who are not TNA members can access the delegation module. If you know that the legislation that created the Board of Nursing is a portion of the Nurse Practice Act in Tennessee? Do you know that if the legislation that created the Board of Nursing is a portion of the Nurse Practice Act in Tennessee, as the regulatory authority for nursing practice, is eliminated through the Sunset process, there will be no regulatory authority for nursing. Since the legislature creates another board or assigns that responsibility to another health related board in this state? If you don’t, who do you think pays attention to these issues in the legislature? Please remember our nursing history—who was there and who it was that pushed for the legal definition of professional nursing. This is the group to which I believe every registered professional nurse should belong. Why? Who do you think is going to promote legislation that is intended to safeguard the public from those who wish to practice “nursing” without a required license that states to the public this person is qualified to provide this care? Yes, I am talking again about the American Nurses Association, and in our state, the Tennessee Nurses Association. What you don’t know and do not have to time to investigate on a daily basis can impact the practice of nursing in this state, as well as the lives and health of those we serve in this profession. My dues help pay TNA staff who do pay attention and keep all of us members alert to potential threats to our professional nursing practice. Again, I remind you…we need you. Now you know one major reason why you need us!
My beautiful wife Ruth passed away at the age of 54 on October 14, 2009, at home in Nashville following an approximately 12-year struggle with the auto immune disorder Scleroderma. In the last weeks of her life, a decision was made by Ruth and me to utilize hospice care.

Ruth became aware that something was not right with her in late 2006. After months of numerous exhaustive tests and procedures, we finally got the dreaded diagnosis and confirmation that she was suffering from systemic progressive scleroderma. We knew that this disease was an incurable one, and Ruth knew that she probably only had about two years to live. Yet, she was determined to “remain productive” and work as long as she could function effectively. This she bravely did until June 2009, when she worked her last day in the office.

After three hospitalizations at Vanderbilt Medical Center in June and July, where she underwent palliative treatments that primarily addressed giving her relief from the pleural effusions she suffered secondary to heart failure, she decided that she wanted to spend the rest of her life in the familiar and comfortable atmosphere of our home rather than a healthcare facility. Hence, we made the decision for in-home hospice services after thoughtful, honest consultations with her physicians and nurses at Vanderbilt. I contacted Alive Hospice in Nashville and they immediately arranged an assessment and developed a treatment plan that was in line with Ruth’s needs, concerns, and wishes.

In the last three months of her life, I was able to be her personal caregiver in our home thanks to the assistance and expertise of Alive Hospice’s home services. Without that support, it would have been very difficult for me to care for her by myself, both on a physical as well as an emotional level.

The hospice staff consisted of physicians, registered nurses, care partners, social workers, chaplains and volunteers. The goal was to keep Ruth as comfortable as possible, and without a doubt, that goal was accomplished.

On the first day after the completion of the assessment, various health care equipment and supplies specific to Ruth’s needs were delivered that afternoon and set up in our home, including oxygen and a hospital bed. Medications from the hospice pharmacy were delivered immediately via Federal Express. The hospice business staff communicated with our insurance carrier to obtain approval which took away that concern and allows the hospice to bill for services. The hospice staff was constantly mindful of my well-being; soon it was time to come full circle, back to that family or community model, which recognizes that death is a part of life. Time has also allowed us to better understand death—that ultimately, we can’t prevent it, but it can be better.

In this issue of the Tennessee Nurse you will find three personal reflections that illustrate what I would call a good death. Caring for people at the end of life is one of the most difficult and rewarding aspects of nursing care and of being human. Ethically we are obligated to provide a death that is dignified and compassionate. Good nurses do good death is unique to each person, and we are all mortal. Because death was a failure took hold. Now at the start of the 21st century, I finally had a story of childhood illness, a parenthood of practice. Dying and death continue to be a significant source of distress, personally and professionally. While on some level everyone knows they will die, for many death remains a mystery and something to fear as a certain experience of great suffering.

Caring for people at the end of life is one of the most difficult and rewarding aspects of nursing care and of being human. Ethically we are obligated to provide a death that is dignified and compassionate. Good nurses do well in health care because dying is the one thing that every person has in common. Caring for Ruth was a privilege, and the experience of great suffering.

In this issue of the Tennessee Nurse you will find three personal reflections that illustrate what I would call a good death. Caring for people at the end of life is one of the most difficult and rewarding aspects of nursing care and of being human. Ethically we are obligated to provide a death that is dignified and compassionate. Good nurses do

Mother Nature Changing Seasons and the Cycle of Life

February in Tipton, Lauderdale and Dyer Counties (District 12) brought a blanket of snow and ice that made it very difficult for students to travel to and from school. High winds, roof tops and tall black, leafless trees whose tangled limbs were etched with pure white icing. Mother Nature changes seasons, reflecting the cycle of life and death. East and west, spring time are far away. I will share with you the recent loss of my mother in the human cycle of life.

I am grateful that I experienced this journey that took Mom to Live with Our Father. She was buried in the town of Bruce beside my father following services in their church.

Hospice provides End of Life Care that brings peace for patients, family and caregivers. I hope that my experience will help nurses and patients as they make decisions for care during the cycle of life.
Reflections on Resolutions Made with the Best of Intentions

It's been a few months now since we “resolved” to do things differently in the New Year—to stop smoking, to lose weight, to exercise more, to spend more time with family and friends. And we “resolved” with the best of intentions, and with such great plans. With great enthusiasm, we set into motion strategies to be healthier in mind, body, and spirit. We would practice the wellness lifestyle that we preach to our clients. Well, what happened? If you are like me, you have been less successful than you hoped. You may feel disappointed and ashamed, and you recognize the familiar feeling of failing, yet again, to be successful with New Year’s resolutions.

Data analyzed by British psychologist Richard Wiseman suggests that 88% of all resolutions end in failure. So it’s curious that we continue to make resolutions, knowing that we rarely achieve sustained change in behavior. In this final column in the Tennessee Nurse series on nurse wellness, we’ll take a look at the latest neuroscience research that explains what happens when we try to change too much at one time, as often happens with resolutions. Several strategies will be offered with the hope that all Tennessee nurses can achieve lasting success with their wellness activities.

In a recent article in the Wall Street Journal, Jonah Lehrer wrote, “Willpower, like a bicep, can only exert itself so long before it gives out; it’s an extremely limited mental resource.” Historically scientists have studied willpower—the discipline to engage or not engage in an action—from a psychological standpoint. Willpower, or self-control has been viewed largely as a character issue—we could follow through on our New Year’s resolutions if only we had a bit more discipline. Recently several investigators have shifted their work to the physiological realm. Roy Baumeister and his colleagues have focused on the study of “self-regulation strength” for the past 10 years. In one study, Baumeister had students watch a boring video while ignoring words at the bottom of a screen, before asking them to drink a glass of lemonade. Half of the students had lemonade with real sugar while the other half got lemonade with a sugar substitute. On a series of subsequent tests of self-control, the group given lemonade with sugar substitute performed consistently worse. These findings suggest that the lack of discipline was caused by a lack of energy, which hampered the performance of the prefrontal cortex. Yet another factor to consider is distraction. Walter Mischel and colleagues have demonstrated that those who are better at delaying gratification (eating cookies, smoking a cigarette, etc.) do not necessarily have more willpower. Rather, they are more successful at finding ways to get tempting thoughts out of their minds. That is, they utilize distraction to get them through periods of craving. These findings give us a good understanding of why we haven’t been successful with our resolutions. Maybe we resolved to change too many things at once. Perhaps the low-calorie diet that seemed like a good idea actually didn’t give your brain enough glucose to summon up the strength to resist a box of donuts in the break room at work. Resolutions and change are a good thing. But we need to pace ourselves, keep in mind our physiological limits when planning change, and utilize distraction in the face of temptation. And, as in all wellness activities, we must draw on the support of friends, family, and colleagues to be the best that we can be.

If you happen to be one of the fortunate nurses who has been successful with a New Year’s resolution, we would love to hear from you! Please email cglass@tnaonline.org identifying your resolution, and provide a sentence or two about why you think you have been successful. Your name will be entered in a drawing for a $50 gift card from TNA. And, while this series in the Tennessee Nurse on nurse wellness has concluded, we are always interested in hearing from our readers about this topic. Keep in touch and let us hear how you are staying well.
In response to a growing emphasis on transcultural nursing education, the UTEK College of Nursing Education is challenged to provide international experiences to enhance cultural competence and the global awareness of students and faculty. Embracing Global Nursing: The Ghana Health Mission describes the initial collaboration between Dr. Patricia Poole, PhD, RN, and Karen Lasater, DNP, RN, APN. 23 health care providers made the trip, including two from England (UNE) Portland, and the University of Tennessee students and faculty from various academic programs.

Church in Sekondi, has continued to pastor of the Assemblies of God community-based primary health care. Participation in the Ghana Health Mission is a recent example of international experiences to enhance cultural awareness, understanding of diverse cultures, including a defined course in transcultural nursing practice. Several opportunities for international immersion experiences. With university-level support through the Red Ready World program, UNE and UTK CON faculty have seen the benefits of international immersion experiences, interprofessional opportunities for international experiences, and understanding of population diversity and the global scope of nursing (Calvillo et al, 2009).

The University of Tennessee College of Nursing has embraced the integration of multiple curricular strategies to prepare nurses for increased population diversity and the global scope of nursing (Calvillo et al, 2009). Founded in 1994, the goal of the Ghana Health Mission is to provide community-based primary health care to a rural village in Ghana for 10 days. The initial collaboration between Dr. Leda McHenry from the University of Massachusetts Dartmouth and Reverend Robert Andoh, pastor of the Assemblies of God Church in Sekondi, has continued to sustain an annual mission trip to Sekondi for many years. Each health care team consists of volunteer students and faculty from various academic programs. The University of Massachusetts, the University of New England (UNE) Portland, and the University of Tennessee Knoxville College of Nursing (UTK CON) have partnered continuously for over two-week time period during March and August. In August 2009, a total of 23 health care providers made the trip, including two University of Tennessee nursing faculty, Maureen Nalle, PhD, RN, and Karen Lasater, DNP, RN, APN. The makeover of the team varies, depending on availability of undergraduate and graduate (advanced practice) nursing students, as well as faculty resources to support the clinical learning activities. In recent years, the UTK CON team is primarily composed of nursing students and faculty, while UNE has provided a multidisciplinary team including nurses, physician’s assistants, physical therapists, and occupational therapists. Faculty and students are allocated to the diverse tasks of the clinic, including triage, dispensing of primary care, and wound care. By aggregating of talents and resources amongst the team members creates a rich learning environment for all participants: for many students, this is their first opportunity for interdisciplinary care. Experienced community health care workers are invaluable for interpretation and facilitating clinic operations.

The August 2009 health care team provided care to more than 600 patients in a 10-day period, challenging the skills and knowledge of every provider. The health care needs of this population are much different than what reflect both the poverty and lack of resources of their illnesses. Skin infections and diabetic ulcers of the legs and feet are common examples of one of the highest needs for antibiotics, anti-malarial drugs and hypertension treatment clearly ensure some measure of health care that would otherwise be lacking in this population. Needs for antibiotics, anti-malarial drugs and hypertension treatment clearly ensure some measure of health care that would otherwise be lacking in this population. Such needs for antibiotics, anti-malarial drugs and hypertension treatment clearly ensure some measure of health care that would otherwise be lacking in this population.

Both Nalle and Lasater have made previous trips to Ghana, although this time they were not accompanied by students. “In past years, nutrition, and infectious diseases are the most common reasons to seek treatment, with greatest effects on young children and the elderly. Frequent headaches and fever are seen in some of the young adults seen in the clinic. The majority of patients seen are under the age of 12.” Dr. Nalle referred to a community health nurse for follow-up. While the health care demands far exceed the capacities of the clinic, the hospital does not provide the necessary treatments and medications required for these patients.

The next Ghana Health Mission is scheduled for August 2010 under the leadership of Jennifer Morton, DNP, MPH, nursing faculty at UNE. Interested students and faculty may contact Dr. Maureen Nalle at 865-974-7598 or mnalle@utk.edu to request more information, or visit the Ghana Health Mission website at www.ghanahalthmission.org.
Let's Build a Bridge

by Carole R. Myers, PhD, RN, APRN
Chair, Tennessee Nurses Political Action Committee

As I write this it is three days after the Super Bowl. The angst of Peyton Manning and the Colts losing is subsiding. I can even say, if not the Colts, the beer is delivered. If Tennessee nurses work together to form the supports and deck of the bridge. Here is the story: a bridge on a road leading to a town is needed to address major gaps in access, untenable cost increases, and relatively poor patient outcomes. I have been calls for a more prominent role for nurses as part of the solution to our health care crisis. How ironic it is that here in Tennessee there are more than 70,000 RNs in Tennessee. We need each nurse in Tennessee to develop a personal plan for their giving to TN-PAC... and then follow through with the plan! Personally, I prefer to make an annual donation just before or at convention (I want to be sure I have a TN-PAC Contributor ribbon on my name badge). Another approach, favored by many, is to sign up for monthly drafts from a checking account. Whatever your preferred method, it is important that you include TN-PAC in the list of organizations you support by your annual donations. I also encourage you to challenge non-contributors. How wonderful it would be if donating to TN-PAC could be mentioned at every district meeting! We can do it! We can do it if everyone commits.

We need your regular annual donations. This is the only way we can sustain our PAC. Given the urgency of current threats, we also need a bolus of donations right now. There are more than 70,000 RNs in Tennessee. Imagine how strong our PAC could be if we could expand our base of regular donors. We have set a goal of raising $20,000 this year for TN-PAC. We can do it! We can do it if everyone commits.

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The Tennessee Nurses Association is following several dozen bills that could potentially impact the nursing profession. Some of the more significant bills that have already seen movement include:

SB 1071/ Burks - HB 2337/Winningham—would allow untrained personnel to administer medications to home bound clients of personal service support companies. The TNA is working against this bill as it is currently drafted together with several other concerned parties, including the Department of Health.

SB 3144/Black - HB 3368/Maggart—this bill would allow LPNs to delegate and supervise the activities of the newly created category of care provider: Medication Aide Certified. The newly adopted Board of Nursing rules require RN delegation of medication administration. TNA is OPPOSED to this bill because it reverses the Board of Nursing's determination of "RN delegation only" to medication aides certified.

There is one potential weakness in our bridge. In today’s political environment, a strong PAC is an important asset. The Tennessee Nurses Political Action Committee (TN-PAC) needs your donations to be strong. Just like the bridge, our strength will come from many nurses working together to build a strong foundation. Imagine how vital our PAC could be if we could expand our base of regular donors. We have set a goal of raising $20,000 this year for TN-PAC. We can do it! We can do it if everyone commits.

Let’s Build a Bridge

by Robert Gowman, TNA Lobbyist

Attorney General’s Opinion Confirms

APN’s Prescriptive Rights

On March 1, Tennessee’s Attorney General, Bob Cooper, published a long-awaited opinion that confirms that the Board of Nursing has statutory authority to issue certificates of fitness to prescribe to Advanced Practice Nurses (nurse anesthetists, nurse midwives, clinical nurse specialists, and nurse practitioners). The opinion was requested last year by Rep. Susan Lynn (R-Mt. Juliet), Chair of the House Government Operations Committee. The opinion request was in response to questions raised by the Tennessee Medical Association during the rule-making process for a recently enacted law requiring practitioner-resistant prescriptions.

The opinion (Tennessee Attorney General Opinion No. 10-22) states:

“Based upon our examination of the provisions of the relevancy as it existed on and before May 22, 2002 and as it exists today, we conclude that, since 1980, there has existed statutory authority for issuance of a certificate of fitness to prescribe to an advanced practice nurse anesthetist, nurse midwife, or clinical nurse specialist, as well as to an advanced practice nurse practitioner, so long as that individual has met all of the qualifications prescribed by the Board of Nursing for issuance of such certificate.”

To access the complete opinion document, visit http://www.tn.gov/ag/opinion/op10-22.pdf

Other legislative issues:

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You can review details about these and other bills on the General Assembly’s website at www.capitol.tn.gov.

TNA Legislative Summit, April 13, 2010, War Memorial Auditorium, Nashville

Make plans now to attend the annual TNA Legislative Summit, a grassroots event attended by nurses, nursing students and faculty, and others to increase their awareness of the legislative process, have the opportunity to meet with their legislators on Capitol Hill, and become more involved in health policy development.

Please feel free to contact the Tennessee Nurses Association with questions, comments or suggestions by email to tna@tnaonline.org or phone at 615-254-0350.
Call for Candidates

In 2010, TNA will elect the following positions: President-Elect, Vice-President, Treasurer, and two (2) members of the Nominating Committee. If you wish to run for office, please fill out this form and return it to the TNA office. Forms must be received in the TNA office by June 1, 2010.

Fax to (615) 254-0303 or mail to 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296.
Email: klangeland@tnaonline.org

Name ___________________________ Credentials ___________________________

Home Address ______________________________________________________________________________________

City ___________________________ State _______ Zip ___________________________

Home Telephone ___________________________ Work Telephone ___________________________

Email ________________________________________________________________

Position ___________________________________________________________________________________________

Candidate for ______________________________________________________________________________________

Briefly describe your qualifications and interest in serving.

Submit a letter of endorsement from your District President (Can be emailed or faxed.)

By signing this form, if you are elected, you agree to:

1. Assist TNA in implementing the goals of the organization.
2. Actively support all resolutions approved at the Annual Convention.
3. Attend meetings as required in the TNA Bylaws.
4. If elected as an ANA delegate, attend the ANA House of Delegates.
5. If elected as a CAN delegate, attend the CAN membership meetings.
6. My membership in the Tennessee Nurses Association is current.

TNA Membership # ___________________________ I am currently a member of TNA District # __________

Signature ___________________________
March, April, May 2010

My Personal Experience (Continued from page 4)

Alive Hospice offers many comprehensive grief support services that are targeted specifically at certain populations such as young children, adult children, parents dealing with the death of a child, and same sex partners. They have a well-stocked library where the public can check out books that address issues such as dying, loss, mourning, grief and coping with a terminal illness. They even have two-day summer camps for children who have lost a family member or friend. In addition, they offer educational presentations on issues such as dying, death and grief as a community service to schools, faith communities and civic groups.

Personally, my family has attended a presentation on coping with the holidays and a Memorial Service for various hospice patients who recently passed away that included rituals to celebrate the memory of the departed. I have had several sessions with an individual grief counselor, and at the present time, I’m attending an eight-week spouse support group that meets weekly. My children and mother-in-law are eligible to attend support groups that are specific to their relationship with Ruth if they so choose. I have found these sessions very meaningful and helpful as I try and adjust to life without my soul mate and companion of 35 years.

Coping with end-of-life decisions and the death of a loved one is a very difficult situation for anyone at any time. One never knows when a wave of grief will strike or what situation might trigger some very sad feelings. Hence, the ongoing support services for those mourning the death of a loved one are invaluable and a much-needed service for the community at large.

TNF Report
by Doris Davenport, DSN, RN, PNP
TNF President

The Tennessee Nurses Foundation’s Silent Auction is now online! The auction will run the entire month of May 2010. Janice Harris and Lois Wagner will be working very hard to make this a success. Please let us know if you need assistance with donations or if you know of anyone that would be willing to be a sponsor. Funds raised during the auction will go a long way toward helping TNF meet its goals over the next year.

The foundation is also working very hard to promote the sale of the specialty nurse license plate. If you have not ordered yours, please do so as soon as possible! This is a rare opportunity to put nursing out there for all to see. The potential for funding TNF programs is huge, so we need your help in getting those sales up, or the state will not begin production of the plate!

We will be organizing a Nurses Walk for Health again this year for May 1, to kick off National Nurses Week. Information will be posted on the TNA website at www.tnaonline.org as it becomes available. La-Kenya Kellam, District 1 President, has agreed to develop a logo for the t-shirts that will be available from the Districts. This year, each TNA District will be responsible for having its own t-shirts prepared. Those who purchased t-shirts last year are welcome to wear those again.

Don’t forget that TNF is listed on the www.GivingMatters.com website, which is sponsored by The Community Foundation of Middle Tennessee. Enter “Tennessee Nurses Foundation” in the Organization Name box, click on Search, and then Click on Tennessee Nurses Foundation. Information will be posted on the TNA website at www.tnaonline.org as it becomes available. La-Kenya Kellam, District 1 President, has agreed to develop a logo for the t-shirts that will be available from the Districts. This year, each TNA District will be responsible for having its own t-shirts prepared. Those who purchased t-shirts last year are welcome to wear those again.

Please use your donation for:
- In Name of
- In Memory
- In Tribute
- Quarterly (July, October, January, April)
- Semi-Annually (July & January)
- Annual (Annual pledges limited to gifts of $250 or more)
- Other
- $1,000
- $250
- $500
- $100
- $50
- $20
- $10
- $5
- $2
- $1

Method of Payment
- Check enclosed for the amount of $
- Cash
- Charge my credit card in the amount of $
- VISA
- MasterCard
- American Express

You are encouraged to make a Tax Deductible contribution to the Tennessee Nurses Foundation. The Tennessee Nurses Foundation is a 501(c)(3) organization.

The Tennessee Nurses Foundation is a 501(c)(3) organization and contributions are fully deductible for Federal, State and Tennessee income taxes.

EARLY CALL FOR RESOLUTIONS

The Tennessee Nurses Association is issuing a formal Call for Resolutions for the 2010 TNA House of Delegates to be held during the TNAs & TASN Joint Convention on October 22-24, 2010 at the Franklin Marriott Cool Springs, Franklin, Tenn.

Resolutions can be submitted by any TNA member. If you wish to submit a Resolution, please submit it in writing to TNA no later than September 1, 2010.

If you should need assistance, please contact Karen at klangel@tnaonline.org.
American Nurses Association Continues to Respond to Haitian Earthquake Relief Efforts

SILVER SPRING, MD—The American Nurses Association (ANA) continues to recruit nurses who are interested in becoming emergency first responders. Nurses can access the online form for ANA’s database at www.nursingworld.org/haitirelief. It is absolutely critical that nurses include their specialty area of practice. A valid U.S. Passport is a must for those interested in deploying. Response efforts are now being coordinated through a multi-national cluster system. ANA has reached out to organizations working with the health cluster to offer support and nursing staff.

ANA has started to receive firsthand accounts from members on the ground in Haiti. To read the accounts please become a fan of ANA on Facebook at http://www.facebook.com/AmericanNursesAssociation. ANA would like to hear from any nurses who wish to share their experiences in Haiti with the nursing community. If you would like to tell your story please contact ANA’s Communications staff.

On February 3, the Government of Haiti stated that the earthquake death toll had exceeded 200,000 people with 300,000 people treated for injuries; 250,000 homes were destroyed and 30,000 businesses disrupted.

Vaccination programs began in early February for people in makeshift settlements, focused on children under the age of 7. The Health Cluster is also building a database of medical human resources available in country.

ANA received an update from the International Council of Nurses (ICN) on the situation in Haiti. Many public institutions, including the Ministry of Health, major hospitals and clinics were destroyed. The National Nurse School University and Faculty of Medicine collapsed. Student nurses were taking an OB course at the time. The National Nurse Midwife School (ENISF) is still standing. The University Hospital Maternity has virtually no staff. In light of these developments, ANA continues to encourage contributions to the American Nurses Foundation which has established a fund to help restore the nursing infrastructure in Haiti and the Association Nationale des Infirmières Licenciès d’Haiti. Please visit www.nursingworld.org/HaitiRelief for the latest updates on the situation in Haiti and the relief efforts. The site also provides invaluable information regarding the personal and professional responsibilities for those responding in disaster situations as well as ANA’s seminal publication “Adapting Standards of Care Under Extreme Conditions.”

As always, it is important to remember that patience is the watchword for this disaster. The Haitian Ministry of Health reports the current priorities include post-operative care and rehabilitation of disabled people, primary care at internally displaced persons sites and provision of medical services outside of Port-au-Prince.

Additional Resources

Health Resources for Haiti
A compilation of links to resources for medical teams responding to the Haiti earthquake. The page includes Creole-language materials for non-Creole speakers to use in healthcare settings, as well information on traumatic injuries, mass fatalities, mental health, and the public health consequences of the earthquake damage. This content is always no-cost.

Infectious Diseases of Haiti
This guide covers the 198 infectious diseases known to occur in Haiti and is based on the resources of the Global Infectious Diseases and Epidemiology Online Network (GIDEON).

Joint Language University http://jlu.wbtrain.com
This DOD-sponsored website has Haitian Creole language materials that can be downloaded from their home page. You can learn very basic introductory phrases along with targeted medical, police, and military terminology.

MedlinePlus
http://medlineplus.gov/
Basic health information for the general public, plus patient information on prescription and over-the-counter drugs. Also in Spanish. This content is always no-cost.

Thank you for your continued interest in assisting with responding to Haiti.

American Nurses Association Continues to Respond to Haitian Earthquake Relief Efforts

Cultural Competency Program aims to help reduce health care disparities, increase patient satisfaction, and promote human dignity

SILVER SPRING, MD—As frontline health care professionals, registered nurses have a duty to communicate and interact effectively with the rich diversity of all the patients and families they serve. To that end, the American Nurses Association (ANA) is pleased to announce a grant from Pfizer Inc., to launch the ANA Cultural Competency Program. This initiative will compile and disseminate resources to nurses nationwide to raise awareness and build skills as they care for the full complexity of the United States population.

ANA believes that cultural competency is essential to high quality health care because it helps ensure fair and equitable treatment, particularly for individuals at the greatest risk for adverse health and financial consequences.

“It is vital to underscore that our most vulnerable neighbors are simultaneously the hardest hit by bias while being the least able to cope with the associated risks and consequences,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “Clearly, cultural competency is a major responsibility for nurses since it sits right at the nexus of health care and social justice. This program will be an important resource to enable nurses to acquire the requisite knowledge and behaviors to champion a culture of compassion in health care.”

Voted as the most trusted profession in an annual Gallup poll for eight of the past nine years, registered nurses are aptly positioned to build confidence on behalf of patients from all races, ethnicities, religions, demographics, lifestyles and belief systems who may be reticent to ask questions, express opinions and discuss options.

“Cultural diversity is a great strength in the U.S.; the challenge is that since culture informs patients’ perceptions of illness, health and health care preferences, this necessitates health care professionals to learn each patient’s unique needs,” said Pfizer representative Paula R. DeCofa, MSc, RN. “Pfizer appreciates the opportunity to support ANA’s program and shares its commitment to enhancing cultural competency among nurses and within health care systems.”

ANA Cultural Competency Program will evaluate the existing cultural competency among nurses, and provide additional resources and guidance to enhance nursing practice. A section will be developed on ANA’s Web site, www.nursingworld.org, dedicated to cultural competency resources, and will include anecdotal accounts of frontline experiences by ANA members.
District News

Betty R. Campbell, RN, CMSRN, recently completed the requirement for Medical-Surgical Nursing certification.

Diane Pace, PhD, RN, FNP-BC, NCM, CCD, FACC, earned her doctorate of nursing practice degree from the University of Tennessee Health Science Center in December 2009. Thompson has held a PhD for 21 years and was elected Secretary of the Society of Critical Care Medicine in January 2010.

Carol Thompson, DNP, PhD, RN, ACNP, FNP, FCCM, earned her doctorate of nursing practice degree from the University of Tennessee Health Science Center in December 2009. Thompson has held a PhD for 21 years and was elected Secretary of the Society of Critical Care Medicine in January 2010.

Shannon Weed, BSN, RN, along with two colleagues, Sheila Cross and Kendra Owens, were January recipients of the Daisy Award.

Stephanie White, BSN, RN, recently graduated from the University of Phoenix with her MSN/MBA degree. White is employed at Methodist Healthcare as an Administrative Supervisor.

Mona Wicks, PhD, RN, CCNR, is a co-investigator on a grant awarded by the National Center for Minority Health and Health Disparities, National Institute of Health. The title of the grant is CHEER: Transforming disparities into healthy possibilities. The grant has been funded for September 1, 2009 through August 30, 2011 in the amount of $1,400,413. Wicks also recently had two articles published in 2009 with former PhD nursing students that she mentored. The titles of the articles are African-American Women’s Perceived Health Status While Caring for a Relative with End Stage Renal Disease and The Health Status of African-American Men.

La-Kenya Kellum, MSN, RN, NE-BC
District 1 President

District 10 News

Many legislative or policy changes occur because someone saw a need and decided to do something. If a concern is not shared, we cannot explore solutions or bring about change. Be that someone and help keep nursing a worthy profession. Become involved in nursing and in TNA District10 by attending meetings, staying informed of changes in the health system, and informing us of practice and workplace issues.

All District 10 meetings start at 6:00 p.m. and are held at The University of Tennessee at Martin, 136 Gooch Hall, Martin, Tenn., unless otherwise indicated. We will again join Pi Tau Chapter of Sigma Theta Tau for the Nurse Excellence Day program on April 26. The Nurses Week Banquet is tentatively planned for May 11 (Place TBA). There will be a Nurses Week Committee meeting on April 1. September 13 will be a general meeting with election of officers and preparation for the TNA annual convention on October 22-24, 2010, at the Franklin Marriott Cool Springs, Franklin, Tenn. We will end the year with our annual general meeting and holiday celebration in December.

If you would like to serve on a committee but cannot attend meetings, let us know. You can make phone calls, denote your interest, and visit the TNA website to review the Bylaws, or help in other ways. In addition, if you would like to be added to “District 10 e-list,” send your request to rblack@ut.edu.

Baby Black, MSN, RN
District 10 President

The Tennessee Nurse

New and Reinstated Members

District 1
Brigit L. Green, Ellouise Knot, Donna C. Scott, Tracee Lynn Terrell, LaTrenda S. Vaughn-Lloyd, Argaret S. Wright

District 2
Laura Leigh Bland, Linda Boyatt, Shari Broom, Amy Nanette Buck, Angela Carol Ford, Sharon Kay Higdon, Sarah E. Hunt, Nola M. Osborne, Brandy Jo Sherrod, Judy Diane Smith, Darlene Rouch Weaver

District 3

District 4
Sheila L. Holloway, Jasmine Kiera Mason, Miranda Swarford Noble, Kim Yonnee Parks, Richard Allen Smith, D. Alex Tonsberg

District 5
Jennifer M. Barham, Amanda Dawn Barnes, Quinton W. Carroll, Kermit Lee Dugger, Janet G. Gar, Angela Michelle Hardin, Ashley Denise Jessec, Pesicllina Lynch, Catherine Cornelia Powes, Amanda D. Rowlette, Nancy Pierce Seal, Jessica R. Stanley, Kelly L. Thompson, Linda G. Ware, Golawm Waya, Melissa Ann White

District 6
Janace O. Brown, Carmen W. Corder, Tammy M. Milhoden, Nancy Carolyn M. Newman, Teresa Faye Rhodes

District 8
Elizabeth Hiliis, Tina F. Mullins

District 9
Julie A. Worley

District 10
Ouida G. Marshall, Alissa R. Parrish

District 15
Judith Lee Black, Gillian Henr Eberlei, Janet T. Hopson, Janette R. Incorvia, Norma Jane Jones, Darby Kimbel

Your membership brings value to YOU as a professional AND brings value to the profession of nursing.

JOIN TODAY!

In 1908 Theodore Roosevelt recognized the value of associations when he said, “Every man (woman) owes a moral right and becomes a part of the working team that is striving to improve conditions within his (her) sphere.”

Part Of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2009, the non-deductible percentage for ANA’s portion of the dues is 18.73%. The non-deductible percentage for TNA’s portion of the dues is 21.6%.

Deductible Amounts:

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<td>Reduced membership in both ANA and TNA</td>
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TNA State-Only member paying $190 @ 78.6% — the deduction would be $149.34.

Samantha L. Heaton, RN, has written an article published in the February 2010 digital edition of American Nurse Today. The article, One Nurse’s Journey through Grief: Loss of a Family Member, describes her family’s journey through grief at the loss of her nephew who was killed in the Fort Hood, Texas, massacre in November 2009. Heaton, of Johnson City, wrote the article in an effort to help others, as many of the Fort Hood victims were health care professionals. To read the article, visit http://americannursetoday.com, click to the February 2010 issue, then scroll down to the Mind, Body and Spirit section to link to Heaton’s article.

Diane Todd Pace, PhD, RN, FNP-BC, CCD, FAANP, was recently appointed to serve on the Board of the Health Information Partnership for Tennessee (HIP TN). The Partnership, a not-for-profit public-private entity, will bring together Tennessee’s local, regional and state electronic health information initiatives and resources into a collaborative partnership and framework. HIP TN will work to improve access to health information so health care providers and consumers can make better, more informed health care decisions. Pace, from Memphis, was a member of the taskforce that led to the creation of HIP TN.
American Nurses Association/Tennessee Nurses Association Membership—It’s Your Privilege!

### Tennessee Nurses Association Membership Application

545 Mainstream Drive, Suite 405, Nashville, TN 37223-1296  •  Phone: 615-264-3030  •  Fax: 615-264-3033

Please type or print clearly. Please mail your completed application with payment to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37223-1296

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### Membership Categories (please choose one category!)

- [ ] Full (100%)
- [ ] Reduced (50%)
- [ ] Special (25%)
- [ ] Individual (25%)
- [ ] Reduced (50%)
- [ ] Special (25%)
- [ ] Individual (25%)

### Dues Payment Options (please choose one)

- [ ] Automatic Monthly Payment Options
- [ ] Automatic Annual Credit/Debit Card Payment

#### Automatic Monthly Payment Options

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize TNA/ANA to charge this credit card listed below for the dues amount listed above for each renewal due. 

#### Automatic Annual Credit/Debit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize TNA/ANA to charge the card listed below for the annual renewal fee due.

### Authorization to Bill My Employer

- [ ] Payroll Deduction

#### Payroll Deduction

This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

### Membership Status

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#### Signature Required Below

**SIGNATURE REQUIRED BELOW**

**Automatic Monthly Payment Authorization Signature**

**CHECKING ACCOUNT:** Please enclose a check for the first month’s payment, which will be due on or before the 15th day of each month using the account designated by the enclosed check.

**CREDIT/DEBIT CARD:** Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (Visa and MasterCard Only).

#### Automatic Annual Payment Authorization Signature

**Charge to My Credit/Debit Card**

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#### Authorization to Bill My Employer

- [ ] Payroll Deduction

### Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

**Graduation from basic nursing program (Month/Year):**

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### Tennessee Nurses Association and the TNA District Association.

TNA Individual Membership Dues

- [ ] $23.34 per month
- [ ] $6.20 per month

ANA/TNA Full Membership Dues

- [ ] $59.64 per month
- [ ] $16.34 per month

ANA/TNA Reduced Membership Dues

- [ ] $59.64 per month
- [ ] $16.34 per month

Special (25%) Membership

- [ ] $44.78 per month
- [ ] $11.92 per month

Reduced (50%) Membership

- [ ] $44.78 per month
- [ ] $11.92 per month

Full (100%) Membership

- [ ] $59.64 per month
- [ ] $16.34 per month

**Membership Status:**

- [ ] New
- [ ] Renewal
- [ ] Reinstatement
- [ ] Special (35%)
- [ ] Individual (25%)
- [ ] Reduced (50%)

**Membership Type:**

- [ ] Individual
- [ ] Reduced
- [ ] Full
- [ ] Special
- [ ] Individual

**To Be Completed by TNA Staff**

- [ ] State:  District:  Expiration Month:  Year:
- [ ] Expires date:  Verification Code

**Automatic Monthly Payment Options**

- [ ] Authorization to Bill My Employer

- [ ] Payroll Deduction

**Annual Payment**

Make check payable to TNA or fill out credit card information below.

**Automatic Monthly Payment Authorization**

- [ ] Payroll Deduction

**Annual Payment**

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#### Signature Required Below

* BY SIGNATURE REQUIRED BELOW

**Automatic Monthly Payment Authorization Signature**

**CHECKING ACCOUNT:** Please enclose a check for the first month’s payment, which will be due on or before the 15th day of each month using the account designated by the enclosed check.

**CREDIT/DEBIT CARD:** Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (Visa and MasterCard Only).

### Tennessee Nurses Association and the TNA District Association.

American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

**Signature**

**Date**