The President’s Message

Many Voices for Our One Profession

by Arlene H. Morris, EdD, RN, MSN, CNE
ASNA President

How many times has a friend or family member told you what a nurse did as part of their care? Often, these friends or family members laud actions of nurses as vital for their health promotion, recovery or rehabilitation. Again in Gallup’s 2012 poll, nurses were voted as the most ethical, honest, and trusted profession! The trust that America places in nurses is to be highly valued, and all nurses must make efforts to maintain that trust.

Nurses have earned the most trusted position, in part, by the nurse role of client/patient advocate. Inherent in this role is establishing a trusting relationship based on dignity and respect for all, focusing on the needs and goals of the patient/family/community, and considering their values and priorities. Competent and compassionate care is pivotal for all nurses. This function is critical to fulfilling nursing’s professional role and is vital for promoting quality and safe care in all settings and across transitions of care settings. Required skills include communication and collaboration with patient/family and other healthcare team members, prioritization, conflict management, and active participation in developing a system for quality at every level of healthcare by each level of nursing.

Therefore, I Governor Robert Bentley for their 100th anniversary, do proclaim 2013 as “The Year of the Nurse” in Alabama.

Hundreds attend 2013’s Nurses Day at the Capitol.
Condules to:  
Charlene Roberson in the death of her brother, Robbie Roberson.
Monariee Parker Jones in the death of her Father.
Carol Stewart in the death of her Father.
Ginny Langham in the death of her Grandmother.
Condolences to:  

The family of Helen Wilson former Interim Executive Director of ASNA, active member of District 5.

Alabama Board of Nursing Vacancies

There will be 3 RN positions open and 1 LPN position open as of January 1, 2014. The term of office for the RN positions will expire December 31, 2013. RN applications only are available from the ASNA office. Call Betty!  

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The Alabama Nurse

March, April, May 2013

PUBLICATION

The Alabama Nurse Publication Schedule for 2013

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Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in The Alabama Nurse.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages in length.
3. All reference should be cited at the end of the article.
4. Articles should be submitted electronically.

Submissions should be sent to: edasna@alabamanurses.org

or

Editor, The Alabama Nurse

Alabama State Nurses Association

360 North Hull Street

Montgomery, AL 36104

Special Interest Group:

- District 5 ........... Diane Buntyn, RNC, MSN, OCN
- Professional Issues .. Gennifer Baker, RN, MSN, CCNS
- Commission on Nursing Practice ............ Lisa Lassiter, CRNP

Advance Practice Nurses:

- District 5 ........... Diane Buntyn, RNC, MSN, OCN

Our Mission

ASNA is committed to promoting excellence in nursing.

Our Values

- Modeling professional nursing practices to other nurses
- Adhering to the Code of Ethics for Nurses
- Becoming more recognizeably influential as an association
- Unifying nurses
- Advocating for nurses
- Promoting cultural diversity
- Promoting health parity
- Advancing professional competence
- Promoting the ethical care and the human dignity of every person
- Maintaining integrity in all nursing careers

Our Vision

ASNA is the professional voice of all nurses in Alabama.

Vision Statement

Our Vision

ASNA is the professional voice of all nurses in Alabama.

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Full convention materials will be printed in the June/July/August issue of The Alabama Nurse.

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October 10-12, 2013 (at the Renaissance in Montgomery, AL).

ASNA/AANS/ALAONE ANNUAL CONVENTION

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The University of West Georgia School of Nursing has been named the Best Online Graduate Nursing Program in the nation for 14 of the last 15 years. The University of West Georgia School of Nursing raised $44,000 in the nation for “Best Online Graduate Nursing Programs” (U.S. News & World Report, 2013).

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A small grant from the National Initiative Children's Healthcare Quality Peer Voice initiative has brought some major community changes to the city of Tuskegee. The grant required advocacy training and one policy, system, or environmental change. Thanks to Maggie Antoine and Ada Britt the grant was able to establish a strong advocacy support and collaboration with the Macon County Parish Nurses, Tuskegee University staff, university students, several church groups, and city leaders.

The environmental change selected was to promote healthier lifestyles by developing a community garden. Maggie Antoine chose to take this on as her project for the ASNA Leadership Academy.

Land for the garden was donated by a local church. Reverend Jones and his wife Cathy were enthusiastic about the garden from the planning stage through the harvesting stage. Mr. Paris from the Extension Service not only acted as consultant but contributed a lot of valuable support from the beginning of this project. A church member, Larry Davis, donated his time and tractor to prepare the soil for planting. It was decided that planting fall vegetables would be best because of the time of year. The garden was a tremendous success. Community members turned out in droves to purchase collards.

Maggie Antoine and the Macon County Parish Nurses have plans to expand this project to include educational sessions such as reading food labels with a focus on nutrition, physical activity on campus, and weight loss efforts have started.

As a result of the collaboration efforts and increased awareness about obesity:

- The University will be looking at ways to increase physical activity on campus
- Twenty five (25) girls from local churches will be selected to participate in a 5 week course offering a series of health topics, including nutrition, physical activity, and coping mechanisms.
- Nurses in Tuskegee, as well as other adults in the community, are more aware of their need to be role models and weight loss efforts have started.

This is a great beginning for Tuskegee.

The President's Message continued from page 1

of the nurse involved? Two aspects are involved in the discussion: nurses must determine expectations of those for whom we care, and assure that staffing at each level of care matches the needs of the patient/family/community. What were the goals of the one receiving nursing care? How could nurses have better contributed to meeting those goals? Quality improvement is important for all. Healthcare consumers often expect to hear from nurses to explain the process of care with which they are unfamiliar. Nurses must be able to explain information regarding the level of education, licensure, certification, and legal scope of practice of the ones providing care for them. It is the responsibility of all nurses to educate consumers about what care is to be expected from each level of preparation (vocational, associate, baccalaureate, masters or doctoral) and among the advanced practice roles of nurse practitioner, nurse anesthetist, nurse midwife, clinical nurse specialist, nurse educator, or nurse researcher. Nurses at each educational level can provide care at the patient’s side across settings, or nurses at advanced levels may plan care for specific groups. Nurses advocate for their own profession while also advocating for quality and safe care of those for whom they provide care by clarifying that the term “nurse” designates a licensed professional within a profession that has autonomy to regulate its own practice in the same way that accountants, attorneys,dentists, pharmacists, physicians, social workers, and other professionals regulate their practice.

Buresh and Gordon (2010) encourage nurses to develop strong and authentic voices of agency to explain what they do and how they impact healthcare. This involves careful consideration of needs and expectations of individual/family/community and our individual responsibility for providing quality and safe care. Quality of care will be affected by changes in demographics and healthcare delivery. Many areas in Alabama are in dire need of nurses at all levels of practice. Work for quality in healthcare requires a view toward long-term outcomes. For example, funding to increase the number of educators for future nurses at all levels of preparation must be assured in order to meet the healthcare needs of Alabama. Nurses have a responsibility to be informed and able to articulate rationales regarding issues. Although all nurses will not agree about all issues, civil discussions help to refine our practice. All nurses actually are advocates for issues that affect their profession, whether they are aware of it or not, because others look to nurses for information and as an example of maintaining personal health.

This, the 100th year of the Alabama State Nurses Association (ASNA) is an opportune time to consider our individual roles and responsibility to ourselves, to our patients and to our profession. Membership in ASNA provides opportunity to impact our profession. In the past 100 years, nurses in ASNA have led efforts in Alabama related to employment standards and other professional issues. As we look to the future, let us be aware that nurses comprise the greatest numerical percentage within the healthcare delivery team. Trust for nurses must be maintained.

ASNA welcomes Dr. John Ziegler as our new Executive Director. He brings a varied background, with a strong emphasis on articulating messaging for Alabama Nurses. We look forward to his contributions in this exciting centennial year as plans are underway to celebrate a Century of Service for nurses within our state. Please contact the ASNA office for information regarding membership. The mission of ASNA is to promote excellence in nursing!
The theme of the 2012 National Convention of The National Federation of Licensed Practical Nurses, Inc. held in Las Vegas was, “The Future of Practical Nursing.”

Our National President, Otamissiah “Missy” Moore was successful in recruiting some of the top leaders in nursing to give the attendees a snapshot of healthcare transformation and its implications for L.P.N.’s. Our first speaker, who set the tone for the convention, Dr. Beverly Malone, spoke about “Trends for Practical Nursing and the Support of NLN to Practical Nursing.”

Her concerns were both national and international. The nursing and nurse educator shortage was a critical issue, as well as ensuring access to safe, quality, culturally competent care to our diverse patient population. She believes L.P.N./L.V.N.’s should have a seat at the table… but it is up to us to convince decision makers of that fact.

Benita Jenkins, EdD, RN, CNE, Nurse Consultant for the D.C. Board of Nursing, reminded us of systemic changes with respect to our interaction with Unlicensed Assistive Personnel. Employers welcome everyone to the table when it comes to service and patient care, and economics will drive, who will provide the service. Again, L.P.N./L.V.N.’s have to carve out our place by being active participants in policy and planning opportunities.

The lady who “broke it down,” drove the message home, was Debra A. Toney, PhD, RN, FAAN Director of Nevada Health Centers. Dr. Toney shared her perspective on the “Future of Nursing” which is based on experience, exposure, and work in the Nevada Legislature. She challenged each of us to never stop learning and to be sure to interact with the people making the decisions concerning health care. She also challenged us to be passionate, focused and constant in our actions. She said that for our profession unity, self improvement and growth are necessary. As the lady who “broke it down,” drove the message home, was Debra A. Toney, PhD, RN, FAAN Director of Nevada Health Centers. Dr. Toney shared her perspective on the “Future of Nursing” which is based on experience, exposure, and work in the Nevada Legislature. She challenged each of us to never stop learning and to be sure to interact with the people making the decisions concerning health care. She also challenged us to be passionate, focused and constant in our actions. She said that for our profession unity, self improvement and growth are necessary.

The message the speakers wanted all attendees to leave with was “be prepared, with as many skills as you can, to meet the need of today’s employer.” The evolution of the Practical Nurse has been a noble endeavor and worthy of a prominent place in the health care arena. Let’s stick together… there is power in unity. To grow our profession, the equation we need to keep before is:

\[ \text{Maturity} + \text{Change} = \text{Responsibility} \]

\[ \text{Change} + \text{Growth} = \text{Maturity} \]

\[ \text{Unity} \times \text{Power} = \text{Change} \]

\[ \text{Change} + \text{Growth} = \text{Maturity} \]

\[ \text{Maturity} + \text{Change} = \text{Responsibility} \]
A New ED...What's Up for 2013?

Dr. John Ziegler

Joining ASNA as your new Executive Director is an exciting challenge. Reuniting ED Joe Decker left “large shoes” to fill. Joe is a great communicator and remains available to assist me with any questions, etc. My gratitude is also extended to our staff and President Arlene Morris. They have been most helpful by facilitating a quick learning curve for me at ASNA.

As most of our readers know, we begin the year with our Nurses Day at the Capitol on February 14. This event sets the stage for our “visibility” with the Alabama Legislature. Don Eddings and I are registered lobbyists representing your profession. We will be frequently walking the halls of the State House to monitor any legislation affecting nursing. In the past, I have worked on a governor’s staff, a lieutenant governor’s staff and served as public information officer for the Alabama Department of Mental Health. Don’s help and a spirit of unity within the nursing profession, I believe that we can be effective in promoting good legislation and opposing legislation that may, in its proposed form, cause concern to our nurses. Because our healthcare system is rapidly evolving changes in our healthcare system, this should be an interesting year.

To celebrate the 100th year of the Alabama State Nurses Association, Governor Bentley is proclaiming 2013 as “The Year of the Nurse in Alabama.” Through publications, venues and web-based media, ASNA will use this historical milestone for promoting the invaluable contributions made by nurses through numerous wars, natural disasters, and health crises in our country over the past century. Nurses are the heart of the healthcare system providing round the clock care in all settings of care to promote wellness and save lives! ASNA wants to tell this story in a variety of ways, which brings me to my closing comments about COMMUNICATION.

The following are several of our ASNA communication goals:

• Elevate the brand
  ASNA has been the flag ship of nursing associations in Alabama for 100 years.
  ASNA serves nurses from all specialties.
  ASNA membership benefits exceed dues.
  ASNA publications reflect the exemplary standards and contributions of the profession.

• Simplify membership.
  Make it easier to join.
  Make it easier to join.
  Make it easier to join.

• Outreach.
  Revamp the website and expand the use of social media.
  Meetings should be fun and promote relationships as well as conduct business.
  Members reach out to students, coworkers and others through District participation.
  Present opportunities to join in all publications and events.

ASNA promotes the profession, helps members grow and serves as a collective voice to policy makers. To stay true to my fourth point under “outreach” mentioned above... If you’re not a member, JOIN! Go to www.alabamannurses.org and follow the membership menu. Or, you can give April Bishop a call at 334-262-8321 and she will walk you through the application and answer any of your questions. Serving as your ED is a privilege and I look forward to celebrating the 100th year of ASNA with you.

John Ziegler
Executive Director

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Research Corner

Elderly Health and Long-Term Care

Studies link adverse drug interactions to elevated risk for hospitalization among the elderly

The elderly population consumes a disproportionate share of prescription and over-the-counter drugs relative to younger persons. These factors, combined with age-related changes in the ability of the body to process and respond to drugs, make the elderly population more susceptible to drug interactions. A review of 17 studies that assessed specific drug interactions in elderly patients found that 16 of the studies reported an elevated risk for hospitalization in older adults associated with drug interactions. These interactions included angiotensin-converting enzyme (ACE) inhibitors and potassium-sparing diuretics; ACE inhibitors or angiotensin receptor blockers and sulfamethoxazole/trimethoprim (SMX/TMP); benzodiazepines or zolpidem and other medications; calcium channel blockers and macrolide antibiotics; digoxin and macrolide antibiotics; lithium and loop diuretics or ACE inhibitors; phenytoin and SMX/TMP; sulfonlhydrazes and antimicrobial agents; theophylline and ciprofloxacin; and warfarin and antimicrobial agents or non-steroidal anti-inflammatory drugs.

The researchers conclude that when the elderly receive drug therapy, it should be absolutely necessary for the achievement of well-defined goals. They also recommend that an evidence-based, high priority list of drug interactions in the elderly be developed and maintained. This study was supported in part by the Agency for Healthcare Research and Quality (HS192220, HS17001).

Self-monitoring of blood pressure along with nurse counseling leads to greater blood pressure control

High blood pressure (HBP) remains a major public health concern both in the United States and worldwide. Since managing HBP is often a lifelong effort, it is important to find effective ways to improve both self-care skills and motivations for individuals with HBP. A community-based lifestyle modification program using telephone-transmitted self-monitoring BP technology and nurse-led counseling more than doubled the percentage of people maintaining BP control (from 30 to 73 percent) during an initial 3-month education period. This control was sustained and even improved during a 12-month follow-up period, according to a new study.

In addition, the more-counseled group improved their BP and psychosocial outcomes more than the less-counseled group. The authors point out that maintaining optimal BP over time directly leads to declines in stroke and coronary artery disease incidence and mortality. The study population consisted of 359 middle-aged (40-64 years) Korean immigrants who completed a 15 month intervention. The intervention consisted of 6 weeks of behavioral education followed by home telemonitoring of BP and bilingual nurse telephone counseling for 12 months. This study was supported by the Agency for Healthcare Research and Quality (HS13660).

See “Teletransmitted monitoring of blood pressure and bilingual nurse counseling-sustained improvements in blood pressure control during 12 months in hypertensive Korean Americans” by Miyoung T. Kim, Ph.D, Hae-Ra Han, Ph.D, Haley Hedlin, Ph.D., and others in the Journal of Clinical Hypertension 13, pp. 605-612, 2011, MWS.

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MANopause (Andropause)

Authors: Joyce McCullars Varner, DNP, ANP, GNP-BC, GCNs.

Professor and Program Director of Adult – Geront
Primary Care NP Program & the BSN-DNP adult
program at Palatine Care Specialty
Program University of South Alabama College of Nursing
(jvarner@usouthal.edu)

Intended Audience: RN and LPN

Disclosures:
1. The author and planning committee discloses no conflict of interests.
2. The activity is valid through 1 February 2015.
3. Course requirements – see directions

Goal/Purpose: Examine the impact of andropause on men.

Objectives:
1. At the completion of this course, the participant should be able to:
   a. Compare the concept of andropause in men to menopause in women.
   b. Describe the impact of the reduction of testosterone in the body.
   c. List the typical symptoms of andropause.

Directions:
Read the monograph MANopause. Complete the Post Test and evaluation and return both completed forms to ASNA (360 N. Hull Street, Montgomery, Alabama 36104 or (F) 334-262-8578).

A Continuing Nursing Education certificate of completion will be sent to you upon successful completion of the post-test and evaluation sheet. You must score at least 80% on the post-test to pass. Should you score below 80%, you will be notified and offered the opportunity to retake the post-test for an additional cost of $5.00.

Board of Nursing Transcript:
ASNA will enter the course on your Alabama Board of Nursing transcript (you will be unable to successfully enter the course on your transcript yourself) within two weeks of successful completion of the activity.

Contact hours & Accreditations:
This 1.25 contact hour course (60 minutes equal 1.0 contact hour) activity is provided by the Alabama State Nurses Association.

The Alabama State Nurses Association is an accredited provider of continuing education by the American Nurses Credentialing Center on Accreditation (ANCC).
Pharmacology hours: 0.5

This 1.5 contact hour course (50 minutes equal 1.0 contact hour) activity is provided by the Alabama State Nurses Association, which is approved by the Alabama Board of Nursing (BOA) with the course code A16601 (valid through 30 March 2013). Approval of this activity expires 31 January 2015.

Fees:
ASNA Member: $ 11.00
Non-member: $ 15.00
Shipping & Handling (if mail the program to you) $7.50

MANopause (Andropause)

Mark Twain once said, “Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.” Unfortunately, Mark was off the mark here! We know that even if you are 10 years old, your body has lower blood sugar, lower blood fat, deeper voice, muscularity, penis and scrotal growth and darkening, broad shoulders, body hair, erection of the penis. Etc. With increasing age, testosterone production decreases in secret talk with the hear male physician. Lately, we have always approached menopause with dread, thankfulness, and humor. The humor is necessary to free us from our feelings and explore issues that we know it is coming for us. The thankfulness is that for most, life changes for the better with no more reproductive fears or issues. The term andropause describes a process that may or may not be universal and tends to occur over time whereas menopause occurs universally in women and usually happens dramatically. While familiar among healthcare professionals, surprisingly few men are aware of male menopause. The condition has been found in medical literature since the 1940’s, but since medical professionals lacked a method to properly diagnose the condition and symptoms are so gradual and vary from man to man, little was done to educate the population. Luckily, blood testing methods have been created that can properly monitor testosterone levels, but the condition is now much better understood, as is treatment.

Good News: “They” Have it “Too”
Andropause, also known as the male menopause or MANopause, is the result of a gradual drop in testosterone levels. Andropause has not yet received its name. When men enter their early 30’s they begin losing testosterone at a rate of 1%-2% a year. Up until recently this normal change was simply not discussed by men unless it was in secret talk with the hear male physician. Lately, men have been bringing this out into the open and seeking help. This is a direct result of a more open society in which men are free to express their feelings and explore issues that were taboo in the past. Magazines that cater specifically to men publish articles regarding andropause and this takes the subject out of the shadow area and out into the open. It is now open to a common man to receive treatment for MANopause.

The invention of Vitamin V (Viagra) also made men realize that low libido is not a shameful secret and that there is help out there for this problem.

U.S. Census Bureau Data
The sexual allure for a man whose ages are between 15 to 30 years old and who are under 40 years of age is at its peak 1000-1200ng/dl drops during andropause where the average of testosterone level of a man in his 80s is probably only 300-400ng/dl. The peak of male testosterone levels in males that are 25 years old is 1200ng/dl. Men between the ages of 40 and 60 years of age have 10% of the level of men that are 25 years old. By the time men are between the ages of 40 and 60 years of age, they are 40-50 years old. At 40-49 years of age, about 2% to 5% of men have symptoms. From 50-59 it jumps to anywhere from 6% to 40% of the population. From 60-69-years-of-age the likelihood is somewhere in the 20%-45% range. From 70-79 it affects about 34% to 70%. And over age 80 about 91% of men have symptoms. For most men, since this happens at a time when they are beginning to take stock of their achievements and direction in life, it’s often difficult to realize that the developing changes are related to more than just outside circumstances. Unlike menopause, which generally occurs in women during their mid-forties to mid-fifties, men’s “transition” may be much more gradual and extend over many decades. Attitude, psychological stress, alcohol, injuries or surgery, medications, obesity and infections can contribute to its onset. Premature andropause can occur in males who experience excessive estrogen hormone production through workplace exposure to estrogen. Men who work in the pharmaceutical industry, plastics factories, near incinerators, and on farms that use pesticides are high-risk for early andropause.

The Importance of Testosterone
Testosterone is a hormone that has an effect on almost every aspect of a man’s body. It helps the body build the various proteins that play key roles in virtually every bodily function. It is to males what estrogen is to females. Testosterone assists the male body in building protein and bodily function. It is to males what estrogen is to females. Testosterone is produced in the testes, ovaries and adrenals. Females also produce testosterone in the ovaries and testes. There are several metabolic functions including bone formation, levle elevation, prostate gland growth and production of sex hormones and is crucial for normal sexual drive and stamina, and in producing erections. Testosterone also contributes to several metabolic functions including bone formation, levle elevation, prostate gland growth and production of sex hormones and is crucial for normal sexual drive and stamina, and in producing erections.

Cardiovascular Risks
It is now well accepted that women’s risk of atherosclerosis (hardening of the arteries) increases after menopause. Estrogen replacement therapy seems to protect against cardiovascular disease. Studies have suggested that a similar phenomenon occurs in men as their testosterone levels diminish with age. While research is not as complete as for women, the clinical findings point to an association between low testosterone levels and an increase in cardiovascular risk factors in men. The link between low testosterone and heart disease applies only to men. Women with lower testosterone levels are at increased risk of heart disease. In a way, the new findings are ironic. Researchers once thought that the female sex hormone estrogen was the reason for heart disease. Now it appears to be the male sex hormone testosterone that protects men. Low serum testosterone levels are associated with an increase in metabolic syndrome, inflammation and dyslipidemia. These metabolic and inflammatory complications are not without consequences. Recent studies have shown low serum testosterone levels are associated with an increased risk of cardiovascular disease.

Andropause Symptoms
There are many signs and symptoms of andropause that healthcare providers and males and those who care for them need to be aware of. The first sign may be in increased irritability and a tendency to be short-tempered without cause (this is known as the Irritable Male Syndrome). Men may also experience weight gain, sleep apnea, memory loss, diminished libido, hair loss, erectile dysfunction, hot flashes, muscle loss, depression, fatigue, night sweats, gynecomastia, decrease in bone density, and loss of body hair. Bone density decreases resulting in osteoporosis leading to the occurrence of bone fractures and breaks. There is also an increase in fat around internal organs.

Some men may have one or two of these symptoms, and may just notice the other andropause symptoms occurring minimally or not at all. The imbalance of even one hormone can cause imbalance in other hormones and leads to a domino effect of sorts. Men may not experience all of the above andropause symptoms, but instead commonly experience a combination of symptoms. While these symptoms are signs of andropause, they may also be symptoms of other conditions like adrenal fatigue and poor thyroid health so a thorough history and physical needs to occur with complaints of these symptoms and a testosterone level drawn for evaluation.

In clinical practice most healthcare professionals use the ADAM Questionnaire (androgen decline in the aging male) to assist with diagnosis. This questionnaire consists of the following questions:
• Do you have a decrease in libido (sex drive)?
• Do you lack energy levels?
• Is your strength or endurance decreased?
• Have you lost height?
• Have you noticed increased “enjoyment of life”?
• Are you sad or grumpy?
• Are your erections less strong?
• Have you noticed a recent deterioration in your sexual performance?
• Do you fall asleep after dinner?
• Have there been deterioration in your work performance?

If even one question has a yes answer then blood tests are warranted.

Blood Tests Measure Testosterone Levels
To determine a diagnosis of andropause, a blood test is
necessary for measuring testosterone levels. While it’s true that decreased testosterone levels are a factor, other issues may weigh in. For instance, more sex hormone-binding globulin may limit testosterone from traveling to the tissues. Also, where testosterone levels would rise and fall when the patient was younger, they may now be experiencing a flattening and lower level of production.

**Issues to Be Aware Of**

The definition of low testosterone varies. Generally, two standard deviations below the usual rate for a younger man is considered deficient. It’s important to look at the testosterone levels over a period of time because they may vary from one day to the next. In older men, affected organs may respond differently to androgens. The patient and healthcare provider need to work together to establish the best level for each patient.

### Testosterone Levels

Normal levels are 300-1,200 nanograms per deciliter. A testosterone level less than 200 ng/dl is considered low. If total testosterone levels are over 600 ng/dl then low levels are a factor, other issues may weigh in. For instance, more sex hormone-binding globulin may limit testosterone from traveling to the tissues. A healthcare provider will look at testosterone levels as well as other symptoms, such as low sex drive and erectile dysfunction before making a diagnosis of andropause.

**Other Factors Contributing to Low Sex Drive in Men**

- Sex drive and hormonal imbalance may be attributed to one or a combination of physical or psychological factors. These include: Lifestyle (smoking, drinking, drugs, lack of exercise).
- Psychological (stress, anxiety, depression)
- Disease (diabetes, blood pressure, cholesterol, obesity)
- Use of certain medications (antidepressants, antihypertensives, antiepileptics)

### Hormone Replacement Therapy

Hormone replacement therapy can increase interest in sex, produce more frequent erections, reduce depression, anger, and fatigue. Therapy can also help to maintain male traits such as beard growth, increase muscle mass and bone density and strengthen the hand and leg muscles. Different types of hormone replacement therapy are available:

- Oral testosterone-Tested (methyl testosterone) is associated with liver toxicity and live tumors so are used sparingly.
- Transdermal patch-AndroGel or Testoderm. AndroGel is applied to the abdomen, lower back, thigh, or upper arm and is applied each evening between 8pm and midnight.
- Testoderm is applied to the scrotum at the same time as AndroGel nightly. Adverse effects include fluid retention, acne, and temporary breast enlargement.
- Transdermal gel-AndroGel and Testim. Applied once daily to clean and dry skin on the upper arms or abdomen. It delivers testosterone for 24 hours at controlled intervals. Must be allowed to dry on the skin before dressing and must be applied at least 6 hours before showering or swimming. Cannot be applied to the genitals.
- Testim Gel is available in a metered-dose pump, which allows for dosage adjustment by the provider. Side effects include adverse reactions at site: acne, headache, A. hair loss.
- Buccal strips-Striant. The newest form of therapy. A tablet is placed between the gums and upper lip every 12 hours. It is absorbed into the blood and is released slowly, like with the gel or patch. Side effects include gum or mouth irritation, bitter taste, pain on chewing and distorted sense of taste. Most or all of these side effects go away within 14 days.

### Possible Dangers of Hormone Replacement Therapy

Fluid Retention: It is possible, especially within the first few months of treatment, for a man to retain fluid. Studies of healthy older men have shown problems with fluid retention leading to ankle or leg swelling, worsening of high blood pressure or congestive heart failure. It is unclear whether there would be an effect in men who are ill, for example those with congestive heart failure.

Liver Toxicity: There have been no reports of liver toxicity from transdermal testosterone replacement. However, oral testosterone replacement can cause significant liver problems. Interestingly, every manufacturer (even those producing transdermal testosterone) mentions the possibility of liver problems.

**Problems with Fertility: Spermatogethesis (the production of sperm) in all men is dependent on production of testosterone by the testes. If testosterone is given from outside, the testes will stop producing their own testosterone. This will shut down sperm production either significantly or completely in nearly all men. This may be a temporary or permanent testosterone side effect. Younger men, who still plan to have a family, must take this into account when considering the effects of testosterone replacement therapy.

Some men have “banked” their sperm. Other men have delayed testosterone replacement until they have finished having children. It is important that any man considering a family be very careful in starting testosterone treatment of any kind.

Sleep Apnea: Sleep apnea is a condition in which individuals stop breathing for periods of time while sleeping. This can have significant medical effects. There have been reports that increased testosterone levels exacerbate pre-existing sleep apnea.

Tender Breasts or Enlargement of Breasts: This may occur in some older men who are on testosterone therapy. This may be due to the conversion of testosterone to estrogen. Breast tissue in both men and women is very estrogen sensitive. Sometimes this testosterone side effect can be overcome by decreasing the dosage of the testosterone.

Increased Red Blood Cell Concentration (Polycythemia): One of the most important side effects of testosterone replacement therapy can be an increase in the red blood cell mass and hemoglobin levels. This is particularly true of older men. Increased blood cell mass may increase thromboembolic events (heart attacks, strokes or peripheral clotting in the veins). Men who develop increased hematocrit can decrease testosterone replacement or can donate blood to decrease their blood cell mass.

Prostate Growth: The growth of the prostate can have a negative effect on men in two ways. First, the prostate may increase in size. This may cause problems with urination. Second, it may promote the growth of cancerous prostate cells. It is important to remember that prostate cancer is a common cancer for older men and is the second most common cause of cancer deaths in older men.

**Conclusions**

While we look at both menopause and andropause with some trepidation and some laughter we realize both may occur and we must be able to recognize and treat to increase quality of life and health. So… we approach this subject with great delicacy when discussing with our patients. As with hormone replacement for women, healthcare providers must be well aware of the risks and benefits and educate our patients so they can be part of the decision. It is ultimately, their call.

---

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Post-test
(Select the one (1) best answer)

1. The use of hormone replacement cause enlarged breasts in older men?
   a. True
   b. False

2. Testosterone is produced in the
   a. Thymus
   b. Kidney
   c. Thyroid
   d. Adrenal

3. Psychological stress can contribute to the development of andropause
   a. True
   b. False

4. The link between low testosterone and heart disease applies only to men
   a. True
   b. False

5. The first sign of low testosterone in men may be:
   a. Irritable Male Syndrome
   b. Rootless Male Syndrome
   c. Roaming Male Syndrome

6. Do you have a decrease in libido (sex drive)? This is the first question on the
   a. ADAM questionnaire
   b. NOT-EVE questionnaire
   c. ADSTOCK questionnaire

7. One of the most important side effects of testosterone replacement therapy can be an
   increase in the red blood cell mass and hemoglobin levels
   a. True
   b. False

8. Male hormones are called androgens from Greek words andro meaning ___
   a. Woman
   b. Man
   c. Child

9. Testosterone levels in a man of 81 has likely dropped 10%
   a. True
   b. False

10. Men at a high-risk for early andropause have a history of working on a farm and
    being exposed to
    a. Pesticides
    b. Farm animals
    c. Nematodes

MANopause (Andropause)

Contact Hours 1.25 (ANCC) 1.5 (ABN & PHARM) Activity #: 4-0.946

Goal: The purpose of this activity is to examine the impact of Andropause on men.

Name, Credentials: _______________________________  ____ Member ($11)
Address: ________________________________________  ____Non Member ($15)
City  State  Zip  ABNP License#: _______________
Phone: ___________________ Email: _______________________________________

Place answers to post test in designated boxes, and return only this page.

ACTIVITY EVALUATION
Circle all responses using this scale:
3  – Yes    2 – Somewhat    1 – No/NA

Goal was achieved.  3 2 1
Objectives were met.
1. Compare the impact of andropause in men to
   a. menopause in women.
2. Describe the impact of the reduction of testosterone in the body.
3. List the typical symptoms of andropause.

Program free of commercial bias.  3 2 1
On a scale of 1 – 5 / 1 (low)  5 (high) knowledge of topic  5 4 3 2 1
Before home-study
On a scale of 1 – 5 / 1 (low)  5 (high) knowledge of topic  5 4 3 2 1
After home-study
How much time did it take you to complete the program? _____hours ______ minutes.

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NURSING EDUCATION OPTION – 149

Salary: $52,663.20 - $90,724.80

- Master’s degree or higher from an accredited four-year college or university in Nursing
- Six years of professional nursing experience including four years of current post-secondary nursing education experience. The required four years of current post-secondary nursing education experience must be within the past ten years.
- Position conducts surveys, communication, and enforcement of nursing education regulations. Includes practical nursing, associate degree nursing, and bachelor of science in nursing programs.
- A listing of programs is available on the Board’s website, www.abn.alabama.gov.

Both positions are permanent, located in Montgomery, require travel.

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www.personnel.state.al.us

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**Send letters of application, curriculum vitae and names of three professional references with contact information, including name, address, phone number and email address to:**

Dr. C. Fay Raines, Dean, College of Nursing, The University of Alabama in Huntsville, 301 Sparkman Drive, Huntsville, Alabama 35899 or rainesc@uah.edu
PLENARY A
Genomics
Dr. Ramona B. Laczny
For many, the word “genomics” sparks feelings of fear and intimidation. This presentation will address these, and other issues related to genomics. After a brief overview of exactly WHAT is meant by genomics, the reasons WHY healthcare professionals need to be competent in this area will be addressed. Using case studies, the WHO will involve specific examples of how genomics can be incorporated to improve safety and quality in the health care setting.
At the conclusion of the presentation the participant should be able to:
1. Discuss the roles and responsibilities of the nurse related to genomics.
2. Describe the importance of pharmacogenetics.
3. Identify high risk individuals who would benefit from extensive genetic testing.

AANS A – Pharmacology Insanely Easy!
Tina Rayfield, BS, RN, PA-C – No CE credit will be awarded for this session
Feeling pressure based learning Pharmacology? If your answer is YES, this program is for you! Sylvia Rayfield & Associates and ICAN Publishing brings you “Pharmacology Insanely Easy!” This program makes learning pharmacology fun, easy, and memorable. With increased pharmacology on the NCLEX-RN®, we want to provide you with a program that is guaranteed to increase your confidence in answering questions successfully. So sit back, relax and laugh while we help you study this challenging topic.

PRACTICE ISSUES A – The Impaired Nurse
Dr. Laura Pruitt Walker & Lori Hill, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Explore the impact of substance abuse on the nurse.
2. Identify five behaviors suggestive of an impaired nurse.
3. Describe three measures to take when reporting a colleague suspected of impairment.

PSY/SOCIAL A – Screening for Adolescent Depression in Primary Care Settings
Dr. Darlene C. Purce
At the conclusion of the presentation the participant should be able to:
1. Apply the utilization of the PHQ-9 Screening tool.
2. Relate principles and examples of active monitoring adolescents with mild to moderate depressive symptoms.
3. Describe the importance of asking an adolescent about their mental health.

WORKPLACE ISSUES A – Human Trafficking: The Nurse’s Role in Recognition and Intervention
Sherri B. DeWeese, WS, RN, WHCNP
At the conclusion of the presentation the participant should be able to:
1. Identify at least one red flag that might indicate a possible victim of human trafficking.
2. Verbalize nursing actions needed after recognition of a possible victim of human trafficking.

EDUCATION/RESEARCH A – More than a Fire Drill: Disaster Planning for School Nurses
Dr. Allison J. Terry, & Ginny Langham, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Assess the disaster procedure present in her/his own setting for adequacy.
2. Practice the triage procedure on a variety of patients in multiple settings.
3. Discuss lessons that have been learned from recent disasters in educational settings.

GENERAL A – Back off Baby, I’m in School!
Susan Mack, MSN, RN, & Ann W. Lamberth, RN, MSN, CRNP, Monica Dunn, NS, Tamara LaFevere, NS, & Marcus Simpson, NS
At the conclusion of the presentation the participant should be able to:
1. Present how to incorporate information about unplanned pregnancy into academic college courses.
2. Raise awareness and provide resources about the connection between unplanned pregnancy and student retention and college completion.
3. Demonstrate how to involve student leaders, student groups and community partners to address pregnancy planning and prevention to achieve educational goals.

NUTRITION A – Fighting Obesity One Surgery at a Time
Dr. Cam Hamilton
At the conclusion of the presentation the participant should be able to:
1. Develop an understanding of driving forces leading to obesity.
2. Discuss current trends in therapies to assist with obesity.
3. Identify potential complications as a result of bariatric surgery.

CLINICAL 1 A – Improving the Patient Discharge Experience through Interdisciplinary Teams
Terry Kudrna, RN, MPHa, Antoinette Sheidukis, BSN, RN, RN; Terah Simpson, MSN, RN CNL; Joy Friday, BSN, RN; Charyl Alexander, BSN, RN; Martha Gaston, ADN, RN; Brittny Knight, ADN, RN
At the conclusion of the presentation the participant should be able to:
1. State two implications of cardiac dysfunction.
2. List two differences in the EKG with improper lead placement.
3. Identify one way to correctly measure EKG result.

CLINICAL 2 A – Lead the Way with EKG Placement
Rachel N. Kammer, BS, RN; Joseph D. Cucio, NS; Chris Jungbou Lee, NS; Heidi Johnston, NS; Latoisha Jones, RN; Margaret Jones, NS; Ashley Colburn, NS & Chase Cohron, NS
At the conclusion of the presentation the participant should be able to:
1. State two implications of cardiac dysfunction.
2. List two differences in the EKG with improper lead placement.
3. Identify one way to correctly measure EKG result.

CLINICAL 3 A – Dialysis Options in the ICU: What is the Buzz about CRRT?
Dr. David H. James
At the conclusion of the presentation the participant should be able to:
1. Discuss the impact of Acute Kidney Injury (AKI) in the critical care setting.
2. Describe the fundamental transport mechanisms for solute removal.
3. Compare and contrast the advantages and disadvantages of various dialysis options for AKI including intermittent hemodialysis (IHd), peritoneal dialysis (PD), and continuous renal replacement therapy (CRRT).

EDUCATION/RESEARCH A – More than a Fire Drill: Disaster Planning for School Nurses
Dr. Allison J. Terry, & Ginny Langham, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Review state of the science from the literature related to prevention of healthcare acquired Clostridium Difficile (C. Diff) infections.
2. Describe present healthcare worker and patient education materials available to protect patients from contracting C. Diff. infection.

CLINICAL 3 B – Congenital Heart Disease and Pulmonary Blood Flow
Paula Midyette, MSN, CCRN, CCNS
At the conclusion of the presentation the participant should be able to:
1. Describe three causes of abnormal fetal heart development and circulation that contribute to the formation of Congenital Heart Defects.
2. Differentiate between the physiology, symptoms and management of children with heart defects that increase pulmonary blood flow and defects that decrease pulmonary blood flow.

EDU/RESEARCH B Improving Adjunct Faculty Experience
Elizabeth Fogle, BSN, RN
At the conclusion of the presentation the participant should be able to:
1. Identify the trends in nursing education related to adjunct faculty.
2. Identify deficiencies utilizing adjunct faculty.
3. Identify evidence based practice tools to implement increased efficacy of adjunct faculty.

NUTRITION A – Essential Foods for Fighting Cancer
Dr. Robin Lawson
At the conclusion of the presentation the participant should be able to:
1. Trace history and trends leading to redefinition of quality and safety within healthcare profession.
2. Contrast traditional approached to the quality and safety to QSEN’s Model.
3. Identify at least two practical ways to increase quality and safety competencies in clinical settings.

PSY/SOCIAL B – An Overview of Natural Supplements for Women Experiencing Depression
Dr. Beverly J. Myers & Linda Forte
At the conclusion of the presentation the participant should be able to:
1. Name at least three factors that place women at greater risk for depression.
2. Discuss several side effects associated with natural supplements for depression.
3. Discuss drug interactions associated with natural supplements for depression.

WORKPLACE ISSUES B – Civility and Nursing Retention: A Solution That Works
Sheila Ray Montgomery, RN, BSN, CSRN & Larry Dean, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Define civility as an important part of communication between nurses.
2. Identify one way teamwork is important within an ICU.
3. Define the importance of reducing nursing turnover rates.
1:15 – 2:30 PM  
PLENARY B  
When the Nurse is a Patient: Lessons Learned  
Dr. Allison Terry  
At the conclusion of the presentation the participant should be able to:  
1. Discuss important coping methods for the person assuming the patient role.  
2. Discuss the importance of discharge teaching for each patient.  
3. Verbalize 3 ways in which he or she can help each patient cope with the patient experience.

2:30 – 2:40 PM  
BREAK

2:40 – 3:40 PM Session C  
AANS C – Transition to Practice: Tips and Strategies for the new RN to Succeed  
Dr. David H. James  
At the conclusion of the presentation the participant should be able to:  
1. List 5 common myths associated with on-boarding.  
2. Describe the typical transition to practice for a new graduate.  
3. Discuss effective goal setting strategies.  
4. Describe techniques for effective constructive feedback.

CLINICAL 1 C – CAUTI Prevention – Foley Best Practice  
Brian Buchmann, BSN, RN, MBA  
At the conclusion of the presentation the participant should be able to:  
1. Review criteria to determine when catherterization is necessary.  
2. Discuss risk factors associated with CAUTIs.  
3. List components that will aide in prevention of CAUTIs.  
4. Implement effective strategies for preventing CAUTIs.

CLINICAL 2 C – Can I still have sweet tea?? Seven Teaching Pearls from the Low Income Population with Diabetes  
Dr. Anita H. King  
At the conclusion of the presentation the participant should be able to:  
1. Identify 5 obstacles of the low income population with diabetes.  
2. Describe 7 teaching pearls from the low income population with diabetes.  
3. Compare and contrast 5 creative strategies to provide effective diabetes education.  
4. Outline a teaching plan to “train the trainer” for those working with vulnerable populations.

CLINICAL 3 C – Sports-related Concussions: What’s all the hype?  
Amanda Hargrove, BSN, RN, CNOR  
At the conclusion of the presentation the participant should be able to:  
1. Identify 5 obstacles of the low income population with diabetes.  
2. Describe 7 teaching pearls from the low income population with diabetes.  
3. Compare and contrast 5 creative strategies to provide effective diabetes education.  
4. Outline a teaching plan to “train the trainer” for those working with vulnerable populations.

SESSION D  
AANS D – Time Management: Taming the Time Eating Tiger  
Ann Colvin, MSN, RN, BC  
At the conclusion of the presentation the participant should be able to:  
1. Discuss the symptoms of time and the effects of stress and burnout on nurses.  
2. Discuss techniques to improve time management.  
3. Discuss effective goal setting strategies.  
4. Identify ways that organizations can stop bullying.

CLINICAL 1 D – Fall Prevention in an Acute Care Facility Practice  
Toche Johnson-Lofoton, MSN, RN, ACNS-BC  
At the conclusion of the presentation the participant should be able to:  
1. Identify the causes of patient falls in an acute care facility.  
2. Identify the intrinsic and extrinsic risk factors that play a role in patient harm in acute care facility.  
3. Implement fall prevention measures that can be implemented to prevent or reduce the risk of a patient fall.

CLINICAL 2 D – Hypoglycemia – Considerations in Nursing Care: Causes, Treatment, and Prevention  
Lisa R. Smith, BSN, RN, CDE  
At the conclusion of the presentation the participant should be able to:  
1. Identify the causes of hypoglycemia.  
2. Identify the common treatments for hypoglycemia.  
3. Identify barriers to the care of hypoglycemia.  
4. Suggest a method for tracking hypoglycemia in the hospital setting and the benefits of surveillance.

CLINICAL 3 D – Early Management of Head Injury (mTBI): Recognizing Mild Traumatic Brain Injury in Clinical Practice  
Amanda Hargrove, BSN, RN, CNOR  
At the conclusion of the presentation the participant should be able to:  
1. Evaluate families perceptions about outcome expectations and quality of care provided to their children in a pediatric weight management program.

GENERAL C  
Clinical Research Nursing...a Lucrative and Important Career You Don’t Hear About as a Nursing Student!  
Carolyn Thomas Jones, RN, MSN, RN  
At the conclusion of the presentation the participant should be able to:  
1. Describe drug and device development processes in the United States.  
2. Examine regulations that protect human participants in clinical research.  
3. List core competencies for clinical research nursing.

NUTRITION C – Malnutrition in the Hospitalized Patient  
Dr. Vicky Knapp  
At the conclusion of the presentation the participant should be able to:  
1. Identify the signs and symptoms of malnutrition.  
2. Identify screening tools used to assess patients for malnutrition.  
3. Discuss the importance of actually weighing and measuring your patient’s height.

PRACTICE ISSUES D – Practices Among Registered Nurses for Promoting Advance Directives  
Teresa Nolan, MSN, CRNP, ANP-BC  
At the conclusion of the presentation the participant should be able to:  
1. Describe the registered nurse’s role in promoting advance directives as outlined in the Scope and Standards of Nursing Practice.  
2. Identify barriers and facilitators to advance directive decision-making.  
3. Discuss practices among registered nurses that increase the number of hospitalized individuals with advance directives.

PSY/SOCIAL D – Coaching: It’s Not Just for Sports Anymore! Changing from Disease Focused Care to Patient Centered Care  
Dr. Darinula N. Warren  
At the conclusion of the presentation the participant should be able to:  
2. Describe the criteria for SMART Goals (specific, measurable, action-oriented, realistic, and time-bound) as they relate to behavior change.
Improving Adjunct Faculty Experience

Geriatric Hip Fractures and Delirium Project

Increasing Breast Cancer Screening Awareness

Prescribing Factors Related to Antihypertensives

JNC 7 Now and the Future

Mandalas as Sacred Space for Healing

Julie Tourette Syndrome, Building Community Support

Maggie Macon County Obesity Prevention Task Force, that have and will continue to positively impact nurses’ workplaces and communities

The Alabama State Nurses Association Leadership Academy (LA) graduated a phenomenal first cohort of participants at the 2012 ASNA Convention held in September. This group of nurse leaders presented their capstone projects that have and will continue to positively impact nurses’ workplaces and communities:

Macon County Obesity Prevention Task Force, Maggie Antoine. (See Alabama Nurse page 3)

Tourette Syndrome, Building Community Support, Julie Savage Jones

Fostering Engagement and Leadership through Implementation of Shared Governance, Annie Shiedlarski

The Future of Alabama Nursing: Leading the Charge of the Institute of Medicine, Dr. Leigh Anne Minchew

Healthy Eating for Kids, Drs. Sara Kaylor, Mary Beth Healthy Eating for Kids, Beverly Myers

Part Time Clinical Faculty, Billie Alexander, BSN, RN; Martha Gaston, ADN, RN

Antoine.

Annie Shedlarski Implementation of Shared Governance, Dr. Cindy Berry

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The mission of the ASNA Leadership Academy is to create a community of effective nurse leaders. Our vision continues to be the preparation of the next generation of nurse leaders for the state of Alabama.

The next ASNA Leadership Academy will begin on Monday evening, April 22, 2013, and continue the next day at the ASNA FACES in Montgomery, AL. A summer one-day retreat will be scheduled and the Academy will conclude at the 100th Anniversary Convention in Montgomery. Application and registration information will be coming soon!!

The ALA graduates and Steering Committee. ASNA Leadership Academy

Dr. Marilyn Rhodes, Dr. Ellen Buckner

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Looming budget cuts could lead to further cuts in services. cut vital services, such as community and hospital-based services, despite an increase in the demand for services for all behavioral health patients. intervention early with those who are at risk for violent mental health professionals trained to recognize and understand the value of early intervention. Over the past decade, ill-advised and shortsighted cutbacks within systems have seriously undermined our ability to intervene early with those who are at risk for violent mental health patients. Our country has witnessed unspeakable acts of mass shootings. The common thread in each of these tragedies has been the lethal combination of easy access to guns and inadequate access to mental health services. As the largest single group of clinical health care professionals, registered nurses witnessed firsthand the devastating consequences of the injuries sustained from gun violence. We also witness the trauma of individuals, families, and communities impacted by violence. The public health system and the nurturing of children in their earliest years provides a strong foundation for healthy growth and development as they mature into adulthood. Children, parents, and society face growing challenges with respect to widespread bullying and mental illness, and nurses understand the value of early intervention. Over the past decade, ill-advised and shortsighted cutbacks within schools and community health care systems have seriously impeded critical and needed access to school nurses and mental health professionals trained to recognize and intervene early with those who are at risk for violent behavior. The public mental health system has sustained a period of devastating cuts over time. These cuts have been exacerbated during the Great Recession despite an increase in the demand for services for all populations, including our nation’s veterans. States have cut vital services, such as community and hospital-based psychiatric care, housing, and access to medications. Balking budget cuts could lead to further cuts in services.

The Medicare Physician Fee Schedule Final Rule, issued Nov. 1 by CMS and set to take effect Jan. 1, 2013 after publication in the Federal Register, also includes new codes that describe “complex chronic care coordination,” a service typically provided by RNs. Though the rule will not allow separate billing for care coordination, some private insurers are likely to use the codes to reimburse providers directly for the service. Such reimbursement policies for care coordination could expand the RN job market. They could also raise recognition for nurses performing this long-held, core professional standard and competency considered integral to patient-centered care and the effective and efficient use of health care resources.

The rule contains several other provisions that benefit nurses by:

• Clarifying that certified registered nurse anesthetists will continue to be reimbursed for providing chronic pain management services in states where permitted by license.
• Allowing advanced practice registered nurses to order portable X-rays.
• Ensuring nurse practitioners and clinical nurse specialists can conduct the in-person encounters required for ordering durable medical equipment for patients.

Like the rest of the nation, America’s nurses are heartbroken as we grieve the unthinkable loss and profound tragedy that unfolded last week in Newtown, Connecticut. This horrific event is a tipping point and sends a message to action. The nation’s nurses demand that political and community leaders across this country address longstanding societal needs to help curb this endless cycle of preventable senseless violence.

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ANA News

Nurses Earn Highest Ranking Ever, Remain Most Ethical of Professions in Poll

ANA Urges Policymakers to Listen to Nurses on Health Care Policy, Funding

SILVER SPRING, MD – The public continues to rate registered nurses (RNs) as the most trusted profession according to this year’s Gallup survey that ranks professions based on their honesty and ethical standards. “This poll consistently shows that people connect with nurses and trust them to do the right thing,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “Policymakers should do the same as they debate crucial budget decisions that will affect health care quality and access for millions of Americans.”

Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness, and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they care for patients as a deficit-reduction measure. ANA is working with coalitions representing health care professionals, consumers, and other groups to prevent potential declines in quality and is urging nurses across the country to tell Congress to avoid harmful Medicare actions.

Additionally, as states develop health insurance exchanges, ANA and its state nurses associations are advocating for nurses to serve as members of governing boards for state exchanges and for the recognition of qualified nurses to fully participate in Qualified Health Plans.

For the 13th out of 14 years, nurses were voted the most ethical and honest profession in America in Gallup’s annual survey. Eighty-five percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” the highest rating for RNs since nurses were first included in the poll in 1999. Since the profession’s first appearance, nurses have received the highest ranking each year except in 2001, when firefighters ranked first after the 9/11 terrorist attacks.

Nurses consistently capture patient and public trust by performing in accordance with a Code of Ethics for Nurses that supports the best interests of patients, families, and communities. They often are the strongest advocates for patients who are vulnerable and in need of support.

The ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

American Nurses Foundation to Award $200,000 in 2013 Research Grants

Priorities Include Nurse Impact on Health Care Quality and Efficiency

SILVER SPRING, MD – The American Nurses Foundation (ANF) today announced the launch of its 2013 Nursing Research Grant (NRG) Program that will provide 29 research awards totaling more than $200,000 to beginner and experienced nurse researchers.

ANF is the charitable and philanthropic arm of the American Nurses Association (ANA). The 2013 grant program will focus on ANA’s research priorities and applications which use ANA’s National Database of Nursing Quality Indicators® (NDNQI®).

“Nursing research is vital to patients, nurses, and our colleagues in health care. Our perspective, our expertise, and our problem-solving is distinct and of critical importance,” said Geri L. Wood, PhD, RN, FAAN, chair of the ANF Nursing Research Grant Program and associate professor and director of nursing research and evidence-based practice at the University of Texas’ M.D. Anderson Cancer Center.

The American Nurses Foundation is the charitable and philanthropic arm of the American Nurses Association (ANA), the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent state nurses associations and its organizational affiliates. The Foundation administers ANF programs which promote the welfare and well-being of nurses, advancing the nursing profession, thereby enhancing the health of the public.

The University of West Georgia School of Nursing invites applications for Fall 2013 for the 100% online EdD in Nursing Education Program

The University of West Georgia School of Nursing invites applications for Fall 2013 for the 100% online EdD in Nursing Education Program

• Joint curriculum taught by both School of Nursing faculty and College of Education faculty
• 60 semester hours including 12 dissertation credit hours
• Mandatory three-day, on-site orientation
• Classroom instruction delivered primarily through asynchronous communication
• Opportunity for structured mentoring
• Curriculum reflects core competencies of Nurse Educators (National League for Nursing, 2005)

For more information, contact the Graduate Studies Admissions at nurs@westga.edu or 678-839-5115.

www.westga.edu/nurs

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The views and the Blue Shield of Alabama are independent of each other and the Blue Shield Association.

Blue Cross and Blue Shield of Alabama is seeking nurses to join our Health Management division.

We now have the following positions available:

Care Coordinator
Dedicated Group Care Coordinator

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Convention News

ASNA Leadership Opportunities: 2013

Consent to Serve Form for Alabama State Nurses Association Office

- Vice President
- Secretary
- Commission on Professional Issues

The Commission on Professional Issues has openings for 4 positions this year.

- Nominating Committee

The Nominating Committee has openings for 2 positions this year, 1 each from Districts 4 & 5.

All criteria for eligibility must be met before your name will appear on the ballot.

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent to Serve Form?  □ Yes  □ No

Name and Credentials ____________________________  Home Phone:
Address: ____________________________  Work Phone:
E-Mail Address ____________________________  Fax Number:

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent to Serve Form?  □ Yes  □ No

Because of time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

My Views of the issues facing the nursing profession, the Alabama State Nurses Association, and the office I am seeking are: (200 words or less - typed or printed)

__________________________

Alabama State Nurses Association
360 North Hall Street  Montgomery, Alabama 36104
(334) 262-8321  Fax # (334) 262-8578  Members (800) 270-2762
E-Mail: alabamasna@alabamanurses.org

Save These Dates

October 10-12, 2013

The Alabama State Nurses Association will hold its 100th Annual Convention co-sponsored by the Alabama Organization of Nurse Executives and the Alabama Association of Nursing Students at the Renaissance Montgomery Hotel and Spa. We invite each of you to attend. Thursday, October 10, 2013 will be a Pre-Convention CE day. This is a great opportunity for all you LPNs, who haven’t quite met the ABN requirements during the LPN renewal cycle, to finish getting your 24 hours. RN’s are also encouraged to attend. Friday and Saturday, October 11, 12th will be the Full Convention days. You’ll have the opportunity to hear a quality Keynote Address. ASNA members who are delegates to the convention will have the opportunity to debate on issues of current concern to the association and the nursing community. Complete convention registration materials will be printed in the pull-out section of the June/July/August issue of The Alabama Nurse. Mark your calendars today and plan to attend an exciting convention.

For Awards Information and Application go to alabamanurses.org

Call for Abstracts

Alabama State Nurses Association Annual Convention
10 October – 12 October, 2013
Montgomery, Alabama

See ASNA webpage for details alabamanurses.org

ASNA’s Official Call for Resolutions All You Need To Know

What Is a Resolution?

It is a formal written call to action on a subject of great importance to members of ASNA. In other words this is an action member would like ASNA to pursue. Resolutions are often the source of action in developing positions on issues affecting nurses, nursing, and the needs of the public. Once the resolution is voted on and passed by the House of Delegates ASNA will try to implement in order to meet the needs of the association. Resolutions may be sent to other organizations, governmental agencies, or other individuals. The resolution process is one of the most important functions of the House of Delegates.

Call for Resolutions

Any ASNA member may research, write, and/or submit a resolution for consideration by the ASNA House of Delegates. Resolutions should be submitted to the Governance Committee through the ASNA office at 360 N. Hull St., Montgomery, AL 36104 by May 2, 2013. Only an emergency resolution will be accepted after the designated date.

Types of Resolutions

Resolution are classified according to the following:
- Substantive Resolution, which deal with basic principles and policies of ASNA, or issues of statewide or national concerns of nurses as practitioners and citizens.
- Courtesy Resolutions, which give recognition to outstanding persons who have made especially valuable contributions to ASNA or the nursing profession.
- Commemorative resolutions, which deal with commemoration of important events or developments in nursing, allied professions, or government.
- Emergency Resolutions, which have significance for the association and require immediate action.

How is a Resolution written?

A resolution has two parts – the “whereas” section and the “resolved” section. The “whereas” section is a series of single item, factual statements which present documentation of the need for the resolution. The “resolved” section is a series of single item action statements of position by ASNA and is the actions by which the intended result will be obtained.
At South University, Montgomery, we celebrate students. If you’re a registered nurse looking to take your career further, our Master of Science in Nursing offers Adult Health Nurse Practitioner, Family Nurse Practitioner, and Nurse Educator specializations that prepare you for the evolving primary healthcare field. To start your new reality, call us today at 800-504-5278.

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Join our College of Nursing and Public Health

Troy University is an EO/AA employer.

Troy University School of Nursing invites applications for full-time tenure track positions with primary responsibilities in the Graduate Nursing/Doctor of Nursing Practice Programs (Dothan, Troy, Montgomery, or Phenix City campuses). The positions are primarily responsible for teaching graduate nursing courses.

**Tenure Track Assistant/Associate Professor of Nursing**

Troy University School of Nursing invites applications for full-time tenure track positions (Troy Campus). The positions are responsible for teaching adult health or psychiatric undergraduate nursing didactic and/or clinical courses. Minimum Qualifications: MSN degree, RN license in the state of Alabama, Minimum of five years of nursing experience. Candidates may also be considered for a non-tenure-track Lecturer position.

To apply for a position, submit application materials via the Troy University Employment System at http://www.troyuniversityjobs.com. Applications will require: Resume/CV, Cover Letter, Unofficial Transcript and a List of References. Rank and salary are commensurate with qualifications. For questions, contact Dr. Latricia Diane Weed at 334-670-3745 or email lweed@troy.edu.

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Midwives have been delivering babies since the dawn of time. Midwife means “with woman.” Until the 20th century, midwives delivered most of the babies in the United States. In the 1920s, British nurse midwives were recruited to provide prenatal care in the mountains of KY with the goal of improving birth outcomes (ACNM, 2008). They succeeded, and soon after, nurse midwives were also successful in improving birth outcomes in New York City. Since then, nurse midwives have been educated in U.S. programs and these dedicated graduates have continued to achieve favorable birth outcomes.

The International Confederation of Midwives (ICM) and World Health Organization (WHO) define midwife as a person who, having been regularly admitted to a midwifery education program duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. (ACNM, 2008, p. 3)

The ICM, WHO and the International Federation of Gynecologists and Obstetricians (FIGO) differentiate skilled birth attendant as one who is formally educated and trained to care for normal and complicated births from the traditional birth attendants, “non-formally trained and community based provider of care during pregnancy, childbirth and the postnatal period.” (ACNM, 2008, p. 3). To improve birth outcomes worldwide, these groups stressed the need to increase the number of skilled birth attendants to replace traditional birth attendants. In the U.S, skilled birth attendant describes physicians, certified nurse midwives (CMN), certified midwives (CM), and only those certified professional midwives (CPM) who have completed programs accredited by the Midwifery Education Accreditation Council (MEAC).

The traditional birth attendants include those midwives who have not met those requirements. Certified nurse midwives (CNM) are educated in the disciplines of nursing and midwifery. These midwives must earn a graduate degree and test for certification. The American Board of Midwifery Education (ACMB), an independent arm of the American College of Nurse Midwives (ACNM, 2008). The ACNM is recognized by the U.S. Department of Education to accredit nurse midwifery education and certify nurse midwives. Certified midwives (CM) must also earn a graduate degree and test for the same certification; these midwives did not obtain a nursing degree prior to their midwifery education. Unlike certified nurse midwives who are legal and are licensed in every state and the District of Columbia, certified midwives are licensed only in New York, Rhode Island, and New Jersey, and may practice by permit in Delaware and Missouri (ACNM, 2011). Full scope practice for CNMs and CMs includes providing primary care to women from adolescence to post-menopause as well as providing prenatal care, delivering babies, caring for the newborn, and providing care to the postpartum woman (ACNM, 2008). In all U.S. jurisdictions, CNMs have prescriptive authority and are reimbursed by most private insurances, Tricare, Medicaid and Medicare.

Certified professional midwives (CPM) are certified by the North American Registry of Midwives (ACNM, 2011). There are two primary educational tracks for CPMS. The majority of CPMs are certified via the Portfolio Evaluation Pathway, having completed an apprenticeship with a midwife preceptor; no degree is required (ACNM, 2011). Some CPMS completed a state licensure program and some graduated from a Midwifery Education Accreditation Council (MEAC) accredited program. This agency is recognized by the U.S. Department of Education to accredit midwifery programs (ACNM, n.d.). Certified professional midwives are regulated in 26 states, (licensed, voluntary license permit, registration or certification) and perform prenatal care, deliver babies, provide newborn and postpartum care in homes and birth centers. In some states they are reimbursed by private insurance and in 10 states, are eligible for Medicaid reimbursement for home births and in additional states for birth center births (ACNM, 2011).

Toward a common goal of a providing competent, sensitive maternity care and one profession of midwifery, the ACNM, NARM, and MANA are working together to create a unified profession. Until that time occurs, the American College of Nurses Midwives states a professional midwife in the United States is a person who has graduated from a formal education program in midwifery that is accredited by an agency recognized by the US Department of Education. The professional midwife has evidenced an established midwifery competencies that accord with a defined scope of practice corresponding to the components and extent of coursework and supervised clinical education completed. In addition, this person has successfully completed a national certification examination in midwifery and is legally authorized to practice midwifery or nurse-midwifery in one of the 50 states, District of Columbia, or US jurisdictions. (ACNM, 2008, p.1)

References


Email: Marilyn Rhodes at rhodem29@uam.edu
### Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives

Clarifying the distinctions among professional midwifery credentials in the U.S.*

<table>
<thead>
<tr>
<th>PROFESSIONAL ASSOCIATION</th>
<th>CERTIFIED NURSE-MIDWIFE (CNM)**</th>
<th>CERTIFIED MIDWIFE (CM)**</th>
<th>CERTIFIED PROFESSIONAL MIDWIFE (CPM)**</th>
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<tr>
<td>American College of Nurse-Midwives (ACNM)</td>
<td>Midwives Alliance of North America (MANA) and National Association of Certified Professional Midwives (NACPM)</td>
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</tbody>
</table>

#### CERTIFICATION

**Certifying Organization**
- American Midwifery Certification Board (AMCB)**
- North American Registry of Midwives (NARM)**

**Certification Requirements**
- Graduation degree required
- No degree required

1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND
2. Verification by program director of completion of education program
3. Active registered nurse (RN) license

1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND
2. Verification by program director of completion of education program
3. Completion of NARM's Portfolio Evaluation Process (PEP) pathway; OR
4. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); OR
5. AMCB-certified CNM or CM; OR
6. Completion of state licensure program.

**Recertification Requirement**
- Every five years
- Every three years

#### EDUCATION

**Minimum Education Requirements for Admission to Midwifery Education Program**

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>AMCB</th>
<th>NARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's degree from accredited college/university</td>
<td>1. Some programs require RN license. If the applicant has a bachelor’s degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study; OR</td>
<td>2. If the applicant is an RN but does not have a bachelor’s degree, some programs provide a bridge program to a bachelor’s degree prior to entry into the midwifery program; other programs require a bachelor’s degree before entry into the midwifery program.</td>
</tr>
</tbody>
</table>

**Clinical Experience Requirement**

- Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008).
- Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught.
- Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.

**Clinical Experience Requirement**

- Attainment of clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America.
- Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births; OR
- Accredited formal education pathway: For this pathway, a high school diploma from an accredited state or private school is required for admission.

**Degree Granted**

- Master’s or doctoral degree; a master’s degree is the minimum requirement for the AMCB certification exam
- Bachelor’s degree from accredited college/university and successful completion of specific science courses

**Certification Requirements**

1. Completion of NARM’s Portfolio Evaluation Process (PEP) pathway; an apprenticeship program; no degree or diploma required. Student must find a midwife preceptor who is nationally certified or state licensed, has practiced for at least 3 years, and attended at least 50 out-of-hospital births; OR
2. Accredited formal education pathway: For this pathway, a high school diploma from a nationally certified midwife is required in an accredited state or private school.

**Accrediting Organization**

- The Accreditation Commission for Midwifery Education (ACME) is authorized by the US Department of Education to accredit midwifery education programs and institutions.
- The PEP pathway is not eligible for accreditation. The Midwifery Education Accreditation Council (MEAC) is authorized by the US Department of Education to accredit midwifery education programs and institutions.

**Licensure**

- Legal Status: Licensed in all 50 states plus the District of Columbia and US territories
- Licensed in New Jersey, New York, and Rhode Island: Authorized by permit to practice in Delaware. Authorized to practice in Missouri.
- Regulated in 26 states (variously by licensure, certification, registration, voluntary licensure, or permit)

**Licensure Agency**

- Boards of Nursing, Boards of Medicine, Boards of Midwifery/Nurse-Midwife, Departments of Health
- Board of Midwifery, Board of Medicine, Department of Health
- Departments of Health, Boards of Medicine, Boards of Midwifery

**Slope of Practice**

**Range of Care Provided**

- Independent management of women’s health care throughout the lifespan, from adolescence through menopause. Comprehensive scope of practice including primary care and gynecologic care, family planning, annual exams (including breast and PAP screening), pregnancy, birth in all settings, and postpartum care. Care of the normal newborn. Management of sexually transmitted infections in male partners.
- Independent management of care for women and newborns during pregnancy, birth, and postpartum. Care of normal newborns and birth centers. Care of the normal newborn.

**Prescriptive Authority**

- All US jurisdictions
- New York
- None. However, may obtain and administer certain medications in some states.

**Practice Settings**

- All settings — hospitals, birth centers, homes, and offices. The majority of CNMs and CMs attend births in hospitals.
- Homes, birth centers, and offices. The majority of CPMs attend out-of-hospital births.

**Third-Party Reimbursement**

- Most private insurances, Medicaid coverage mandated in all states; Medicare; Champus
- New York, New Jersey, Rhode Island — most private insurance; Medicaid
- Private insurance in some states; Medicaid in 10 states for home birth, additional states if birth occurs in birth center.

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*This document does not address individuals who are not certified and who may practice midwifery with or without legal recognition.

**AMCB and NARM are accredited by the National Commission for Certifying Agencies, which "was created in 1987...to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations. Certification organizations...are evaluated based on the process and products, not the content, and are therefore applicable to all professions and industries."**

[Available Online](http://www.credentialingreference.com/Programs/AMCB/)

**Reviewed ACNM-MANA Liaison Committee, February, 2011**

Approved by ACNM Board of Directors, March, 2011

Last updated: August, 2017

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## Membership News

### Do You Live a Little Off the Beaten Path?

ASNA is working to make District/County meetings available to members who don’t live right downtown. Perhaps your employer is located closer to one of the District/County meeting places. If you are interested in attending, but have been prohibited by your location, please contact April Bishop, Programs Coordinator at ASNA via email at memberasna@alabamanurses.org or by phone 800-270-2762.

### Time to Update Your Information!

ASNA receive literally thousands of returned emails and mailings per year. If you would like to continue to receive *The Alabama Nurse* or email updates remember to contact ASNA when you move; change jobs, emails, or phone numbers. Contact April Bishop, Programs Coordinator at memberasna@alabamanurses.org or 800-270-2762 – or by sending a post card to ASNA, 360 N. Hull St., Montgomery, AL 36104. You can also update your information via our website, [http://alabamanurses.org](http://alabamanurses.org).

### APPLICATION FOR MEMBERSHIP

<table>
<thead>
<tr>
<th>Name</th>
<th>Credential:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Nursing License Number:</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Employer:</td>
</tr>
<tr>
<td>Preferred Phone:</td>
<td>Employer Address:</td>
</tr>
<tr>
<td>Email:</td>
<td>[Please circle] Preferred Contact: Home Work Email</td>
</tr>
</tbody>
</table>

**REQUISITED BY:**

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Employer Full-Time</th>
<th>S/T Student/New Grad/Unemployed</th>
<th>E/S Self-Funded</th>
<th>Alabama State Only</th>
<th>*Combined</th>
<th>Non RN Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinde One</td>
<td>$268/Y $24.02/Mo</td>
<td>$146.00/Y $12.71/Mo</td>
<td>$72.50/Y $6.13/Mo</td>
<td>$175/Y</td>
<td>$15.08/Mo</td>
<td>$210</td>
</tr>
</tbody>
</table>

* Applies to a New or Full ASNA/RNA member who is joining with a new member (or have not been a member in past year). Both must remain a member for the entire year or each member will immediately be billed the full amount for membership. Must be received at the same time.

### Monthly Bank Draft/Credit/Debit Card Authorization:

Read and sign the authorization below. Enclose a check made payable to ASNA for the first month’s dues (see rates listed above). This amount will be deducted from your checking credit card account each month.

By signing the form below, I am authorizing ASNA to withdraw sum intimidation from the financial institution I have designated. If paying by automatic bank draft, I have enclosed a check for the first month’s payment. Bank drafts will occur on or after the 15th day of the month. Credit Card will be charged on or after the 1st of the month.

Authorized Signature: ________________________ Date: ____________
Card Number: _________________ CVV Code: ____________
Exp. Date: ____________

Payments to ASNA/RNA are not deductible as charitable contributions; however 70% of your dues are tax deductible as a professional organization for Federal Income Tax Purposes.

Please return this completed application with your payment to ASNA 360 North Hull St., Montgomery, AL 36104 or Fax to 334-262-4578.

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www.utc.edu/Nursing

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uabnursing.org