



# The Nursing Voice

ANAIC IS AN AFFILIATE CHAPTER OF THE AMERICAN NURSES' ASSOCIATION

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- ANAIC General Assembly Registration Form - page 4
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## As I See it . . .

President's Pen

Elissa Brown

It is with much pleasure that I write to you as the new President of the American Nurses Association\California. I am excited and delighted to be serving in this role and to be working with our wonderful professional nurses association in addressing the issues for all nurses, and promoting quality healthcare for the public.

I wish to express my awe and gratitude to the previous ANAIC Board of Directors and staff. These words are especially meant to convey my thanks to our Past President, Dr. Louise Timmer, and to our Executive Director, the Honorable Tricia Hunter, who worked with our Board and members to forge a positive path for the future.

As a long time ANA member (since 1965) through my state organizations, Illinois, Missouri, and, since 1980, California, I have always been an active participant, serving in official positions, including a past Board member and Vice-President. Having exceeded my "term limit," I was unable to be on the board for the last four years, but remained active on the Legislative Committee and as President of the California Association of Psychiatric/Mental Health Nurses in Advanced Practice, an Affiliate of ANAIC.

There have been many positive changes over the past years, with a focus on streamlining the organization, involving members at all levels and continuing to be a strong presence in the legislative, regulatory and policy arenas. The association has grown in membership and restructured the function of the Board of Directors.

The 2009 -2011 ANAIC Board was elected in February and we took office in March 2009. An orientation was held in March the day after a joint Board Meeting with new and old officers and Directors. Louise Timmer stepped down as President when I was sworn in for my 2 year term.

Allow me to introduce the new Board members. They are:

- Vice President, Liz Dietz
- Secretary, Nicole Marcy
- Treasurer, Cathy Melter
- Director of Legislation, Monica Weisbrich
- Director of Practice, Donna Dolinar
- Director of Communication and Membership, Arlene Hady
- Director of Education, Dianne Moore

We have a nice mix of "experienced/seasoned" nurses along with some fairly new graduates. It is a great Board!

As the Board Members are growing accustomed to their positions and their designated roles, we



Past President Timmer and President Brown

have been e-mailing, conferencing, and had a face to face Budget Finance planning meeting in San Diego.

Board Members Nicole Marcy, Cathy Melter, Monica Weisbrich, Donna Dolinar and I attended RN Lobby Days in April. The two days were full of activity and well attended.

As President, I have been privileged to attend some forums on Health Care Reform, meet with legislators and their staff, and to meet other organization leaders. Along with our Associate ED, I participated in the ANA Constituent Member Assembly (in May 2009)--the national assembly of Presidents and Executive Directors from all of the states.

I am planning to write more about these events and keep us all updated on state and national issues and happenings.

My plans to write more for this newsletter were a bit side tracked as I am currently experiencing "life from the other side," as a patient, having suffered a major ankle fracture. The good news is that the nursing care I received was excellent—and reminds me of what I have to be and do in my work every day (I am a Clinical Nurse Specialist in Mental Health). Somewhere along the way, we all know and learned the following: caring, competency, courtesy and respect foster trust and promote healing. So I am healing well.

The next major agenda item for the ANAIC Board is continuing our planning for the General Assembly on Saturday, October 24th, 2009 in Anaheim. We all hope you will join us in this major meeting of the association.

Visit us on our website any time, any place!



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Application on  
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## ANA\CA Wants To See You.... IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to: [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)  
Mail to: ANA\CA IN THE NEWS  
1121 L Street, Suite 409  
Sacramento, CA 95814

## Article Submittal to 'The Nursing Voice'

ANA\CA California accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, *The Nursing Voice*. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\CA members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in *The Nursing Voice* do not necessarily reflect the views of ANA\CA, its membership, the board of directors or its staff.

ANA\CA California's official publication, 'The *Nursing Voice*' editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline:  
August 17, 2009 for the September 2009 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)
  - a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
  - b. *The Nursing Voice* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
  - c. *The Nursing Voice* reserves the right to edit manuscripts to meet style and space limitations.
  - d. Manuscripts may be reviewed by the Editorial Staff.
  - e. Articles submitted by members' of ANA\CA will be given first consideration when there is an availability of space in the newsletter.
2. Photographs should be of clear quality. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, *The Nursing Voice* c/o ANA\CA California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to [thenursingvoice@yahoo.com](mailto:thenursingvoice@yahoo.com)
3. E-mail all narrative to [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)



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*The Nursing Voice* is published quarterly and is complimentary to ANA\CA members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see 'Article Submission for *The Nursing Voice*' in this issue for deadlines and submission details.

If you would like to **receive this publication** or you would like to **stop receiving this publication** please write or call the ANA\CA at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or address correction and a phone number should we need to contact you. Or, fill out and mail in the Update Request Form found in this newsletter.

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## Nurses in the News

# Nursing Float

When the Nurses' Float project was introduced in the December 2008, January, February 2009 *The Nursing Voice*, we described the origin of the name of the non-profit organization—Bare Root, Incorporated. Our vision was a Nurse' Float to be featured in the 2013 Rose Parade ® which would be financed primarily by nurses at the grassroots level.

Bare Roots, Inc. would like to introduce such a nurse---

Sylvia S. Estrada, RNCWHCNP, MSN, MSHCM, BSN

Estrada began her nursing career as a diploma graduate from the Los Angeles County School of Nursing and remained at the Los Angeles County Medical Center working in the Women's Unit for 10 years. She then left to work for a research IV infusion company specializing in peri-natal care in the home setting. Next Cedars-Sinai Medical Center approached her, offering her a position in the Cedars-Sinai peri-natal research division of their home health care. Through these career moves Estrada continued to advance her education and earned a master's degree in nursing. Then Cedars-Sinai Hospital closed the peri-natal research division and Estrada took advantage of this opportunity to complete a nurse practitioners program in women's healthcare. Cedars-Sinai approached Estrada again asking her to re-join the Medical Center in their Women's' Cancer Research Institute at the Samuel Oschin Comprehensive Cancer Institute. Currently, she coordinates clinical research trials for breast cancer prevention and GYN oncology clinical trials.

Estrada is married with two children. Her daughter recently entered the nursing program at Estrada's alma mater and her 18 year old son graduated from high school

this past June. Estrada believes nursing, as a profession, has opened doors for her she could never have realized elsewhere.

Estrada read an article in *Advanced Nurses* about the Nurses' Float and thought what a great way to feature nurses and the profession of nursing to the world. Estrada chooses to work at the grassroots level and has convinced the three nursing organizations to which she belongs to support the Nurses' Float project. As a result, there has been a three year commitment to fund raise for the Nurses' Float by the:

- California Nurse Practitioners—Chapter 17 (CANP)
- Great Los Angeles- Oncology Nursing Society (GLA-ONS)
- National Association of Hispanic Nurses-Los Angeles Chapter (LA NAHN)

Estrada has succeeded in placing Sally Bixby, RN, the nurse who will be president of the parade in 2013, on the agenda for each organization to present the Nurses' Float project and has obtained exhibit space at the Los Angeles Hispanic Nurses conference for the life of project.

Estrada's love of nursing, commitment and zeal toward the Nurses' Float Project is an example of the Bare Root, Inc. dream come true of what a grassroots movement can be---one that keeps growing and giving.

Come join the project at the grassroots level and make the Nurses' Float an historic event in 2013. Visit [www.flowers4thefloat.org](http://www.flowers4thefloat.org) to learn more.

Monica Weisbrich, RN President Bare Root, Inc.  
Judy Dahle, RN, CEO  
Paul Wafer, RN, Vice President Marketing  
Pat Spongberg, RN, Secretary  
Suzanne Ward RN, Treasurer

### MAGNET CALIFORNIA

Congratulations goes to Palomar Pomerado Health Center in San Diego, CA for being the newest Magnet Hospital in our state!

### COALITION FUNDRAISER FOR SENATOR CALDERON

ANAIC members Nicole Marcy and Bonnie Faherety and Executive Director Tricia Hunter attended a fundraiser sponsored by the California's Allied for Patient Protection (CAPP). ANAIC sits on the Board of CAPP.



**Nicole Marcy, Bonnie Faherety, Senator Calderon and Tricia Hunter.**

# Membership and Communication



**ANA\C GENERAL ASSEMBLY**  
**October 24, 2009**  
**West Coast University**  
**Hollywood Campus**  
**10AM - 5PM**



**NURSING: “STEPPING UP AND LEADING THE WAY”**

- 9:00-10:00 am Registration, continental breakfast
- 10:00-10:10 am Greetings
- 10:10- 11:10 am Where we have been; what we have done; and where we are going:  
*Reports from ANA\C Officers and Executive Director*
- 11:10 -12:10 am “Stepping Up”: Interfacing with the Media (1 hour CE)
- 12:10- 1:30 pm Lunch - Recognition and Awards
- 1:30-2:30 pm Where we have been; what we have done; and where we are going:  
*Reports from the different divisions of ANA\C from the Board Directors*
- 2:30-3:45 pm Discussion & voting on proposed Resolutions, Association Bylaws and the Strategic plan for ANA\C  
Discussion of the future direction of ANA\C
- 3:45-4:00 pm Break
- 4:00 -5:00 pm “Stepping up”: Providing Data on Quality and Safety (1 hour CE)
- 5:00-6:00 pm Adjournment – Post Program Networking

**ANA\C GENERAL ASSEMBLY**  
**October 24, 2009 (10am- 5pm)**  
**REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member of ANA\C?     Yes     No    ANA membership number: \_\_\_\_\_

Fee: \$25.00—Includes lunch, breaks, and 2 hours of CE credit  
 Early-Bird special: 20% discount if registration received by September 30, 2009.

I have enclosed my check payable to ANA\C in the amount of

\$20.00     \$25.00 (after Sept 30) or:

Please charge to my Credit Card no. \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Fax registration with credit card payment to: 916-442-4394    OR:

Mail registration and payment to:

ANA\C – General Assembly 09  
 1121 L Street, Suite 409  
 Sacramento, CA 95814

*\*Please check for program details and updates at: [www.anacalifornia.org](http://www.anacalifornia.org)*

## ANA News

### ANA Supports Safe Patient Handling Measures in Congress To Improve Safety of Nurses and Patients

**SILVER SPRING, MD**—As a longtime advocate for safe patient handling programs, the American Nurses Association (ANA) applauds recent actions in Congress that would help improve patient safety and protect registered nurses and other health care workers from debilitating injuries that could force them from their professions.

ANA strongly supports “The Nurse and Health Care Worker Protection Act of 2009” (H.R. 2381), sponsored by Rep. John Conyers, (D-Mich.), and a House Resolution introduced today by Rep. Carolyn McCarthy, (D-N.Y.), as steps that would reduce musculoskeletal injuries resulting from manually lifting, repositioning, and moving patients. Estimates report that 12% leave the profession annually due to back injuries and 52% complain of chronic back pain. ANA believes such worker protection measures are crucial to addressing the nursing workforce shortage.

Health care facilities that effectively use assistive lifting equipment and devices can create safer work environments, improve quality of care for patients, and reduce work-related health care costs. The use of such technology improves the safety of patients by reducing the potential for patient injury from manual handling mishaps.

Rep. McCarthy’s resolution notes that registered nurses and other health care workers are required to lift and transfer “unreasonable loads, with the average nurse lifting 1.8 tons on an eight-hour shift,” and that the U.S. Bureau of Labor Statistics rates registered nursing in the top 10 of all occupations reporting on-the-job injuries resulting in days away from work. This resolution will educate members of Congress, as well as others, about the need for safe patient handling and movement.

“Considering the critical need to address the current nursing shortage and ensure patient safety, ANA believes it is time to put safe patient handling and movement practices into law instead of relying only on voluntary guidelines,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA’s long track record on safe patient handling is solid and strong.”

For more than a decade, ANA has supported the use of an Occupational Health and Safety Administration (OSHA) Standard for safe patient handling and movement, rather than voluntary guidelines for health care facilities. Rep. Conyers’ bill would accomplish that, and would expand the standard to health care facilities not covered by OSHA. Moreover, the bill would protect all health care workers, not just direct care registered nurses.

ANA launched the ANA Handle with Care® Campaign in 2003 to advocate for policies and legislation that would result in the elimination of manual patient handling. Prompted by the ANA campaign, eight states have enacted safe patient handling legislation. This year, ANA established ANA’s Handle with Care Recognition Program™ to recognize health care facilities that have had a safe patient handling program in place for at least three

years and meet high standards for program evaluation, planning, policy, and training.

“With the emphasis on action this year to improve the quality of health care, expand access and control costs, we can no longer afford the loss of an estimated 12% of registered nurses each year who can’t continue performing

the physical requirements of the job because of back injuries and who subsequently leave bedside nursing,” said Patton. “The ANA is pleased that Representative Conyers and Representative McCarthy are addressing this crucial issue in the U.S. Congress. The nation’s 2.9 million registered nurses cannot wait.”

### Weston Named Chief Executive Officer for American Nurses Association

**SILVER SPRING, MD**—The Board of Directors of the American Nurses Association (ANA) takes great pride in announcing that Marla J. Weston, PhD, RN has been named chief executive officer (CEO), effective June 14, 2009. As CEO, Weston will be responsible for providing visionary, strategic, and progressive leadership for the ANA enterprise. In her new role, Weston will also serve as CEO of the American Nurses Foundation, the research, education, and charitable arm of ANA.



Marla J. Weston

“In making the selection of Marla J. Weston, PhD, RN as ANA CEO, the board has provided ANA’s diverse membership with a proven visionary nurse leader with stellar experience as a critical care nurse, hospital administrator, educator Constituent Member Association (CMA) executive director, and—most recently—a federal government official who possesses a unique mix of in-depth knowledge both of the nursing profession and of the association,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “I am confident that Weston’s impressive professional experience and dedication will be invaluable assets not only to ANA and the members we serve, but to the nursing profession as a whole.”

Prior to joining ANA, Weston gained extensive senior management experience in both large and small health care organizations. Since September 2008, she has served as deputy chief officer of the Workforce Management and Consulting Office at the Department of Veterans Affairs in Washington, D.C. Weston brought innovative leadership to the policies, programs, and initiatives that supported the employees who provide high-quality health care to veterans in all Veterans Healthcare Administration (VHA) facilities across the country.

Additionally, Weston’s background includes being

named as program director, workforce development, Office of Nursing Services, also at the Department of Veterans Affairs. In this key leadership role, she was responsible for improving the overall work environment for VA nurses, retaining and rewarding a skilled workforce, and improving the image of nursing while promoting nursing as an attractive career choice through collaboration with external partners.

“For nearly 30 years, I have had the honor of successfully working in leadership positions with boards, committees, and volunteers at the national, international, and local levels. It has been possible to build long-term, collegial relationships with many nursing leaders, government officials, and hospital, university, and community college administrators to advocate for programs and practices that support recruitment and retention, leadership development, diversity, quality improvement and program development. I look forward to bringing these skills to bear as CEO at ANA on behalf of the profession and the public we serve,” said Weston.

Weston held the position of executive director at the Arizona Nurses Association, a constituent member association of ANA located in Tempe, Arizona. For over four years, she led the statewide professional association for registered nurses, with duties that included managing and coordinating staff and volunteer programs to promote and advocate for professional nursing practice on a state and national level. During her tenure, the organization’s membership and revenues dramatically increased, including increased contributions to the Arizona Nurses Foundation.

In addition to her membership in ANA, the Center for American Nurses, and the Arizona and Virginia nurses associations, Weston is a member of the American Colleges of Healthcare Executives, the American Organization for Nurse Executives, and Sigma Theta Tau.

Weston earned a bachelor of science in nursing from the Indiana University of Pennsylvania, a master of science in Nursing from Arizona State University, and a doctorate in Nursing from the University of Arizona.

## Professional Advocacy

### Protect the Public and Stop the Subsidy of Drunk Driving

**Mary Klotzbach, RN BSN**  
**MADD Volunteer**  
**Livermore, CA**

Drunk driving kills, I know. My son, Matt, was in his third year at the United States Naval Academy in 2001 and an honor student in line for flight school, when he was killed by a multiple suspended drunk driver while home on leave.

Before you sympathize with me for the loss of my son, consider the fact that every Californian faces the threat of drunken driving every time they drive on our roadways.

According to new data from the U.S. Department of Transportation, California's families are sharing the road with 310,971 drunk drivers with three or more DUI convictions, and of those, 44,210 with five or more convictions. In 2006 alone, drunk drivers killed 1,276 of our state citizens; almost four people a day. Another 30,000 plus are injured at an enormous economic cost to the State.

These numbers show that California's law enforcement agencies are doing their job—finding and arresting drunk drivers. Unfortunately, the rest of the judicial system has failed to protect the public. Mandatory alcohol ignition interlocks for all convicted drunk drivers would stop the revolving door of repeat offenders. The chain restaurants of the American Beverage Institute (Outback, Chili's, etc) feel differently. They believe that California's drunk driving laws should not be effectively enforced until the offender is nearly twice the illegal limit of intoxication, and has driven drunk hundreds of times. They appear to be putting their alcohol profits ahead of public safety.

As a nurse in a large East Bay Trauma Center, a long time volunteer leader for Mothers Against Drunk

Driving (MADD), and as a mother who lost her son to a drunk driver, I can say that no parent should have to lose their child to the criminal negligence of a drunk driver—especially when technology exists to prevent such tragedy.

Right now, California has the opportunity to make a real difference in this effort.

Proven technology to save lives currently exists, but is not being used. Alcohol ignition interlock devices prevent a vehicle from starting if a convicted offender demonstrates that they are violating probation by continuing to drink and drive. Interlocks are proven to save lives, yet very few California offenders get the device.

Installing interlocks on the vehicles of all drunk driving offenders has the potential to save hundreds of California lives and at the same time give offenders the ability to drive and not endanger the public. It is a protection device for all. If all states mandated interlocks for all convicted drunk drivers, we could save up to 4,000 lives a year. The drunk driver pays for the entire cost of the device approximately eighty to ninety dollars a month, not the taxpayers. Implementation of interlocks will help unclog the courts and the jails of California.

Some say that interlocks don't work. They are wrong. Interlocks are proven up to be 90 percent effective in reducing recidivism while on vehicles. The real issue is not the effectiveness, but the use of interlocks—we need laws to make the interlocks mandatory for all convicted drunk drivers.

To prevent future drunk driving tragedies, Assembly Member Mike Feuer (D-Los Angeles) introduced legislation (AB 91), a pilot program in four California counties; Los Angeles, San Diego, Sacramento, and Alameda. AB91 would require alcohol ignition interlocks

for all convicted drunk drivers, including first time convictions. As introduced, the bill has the potential to save hundreds of lives by reducing drunk driving in California.

Some say that interlocks are too severe a punishment for those convicted of drunk driving. Compared to what my family lost on July 29, 2001 when a repeat DUI offender thought he had a right to drive after enjoying a number of beers, an alcohol ignition interlock device (IID) is a fairly lenient sanction. It allows offenders to keep their jobs, family, and ability to drive. They just can't continue to violate the public trust by driving drunk. AB 91 would require a first time convicted DUI offender to have an IID installed on their vehicle for five months. Evidence based data from fourteen states that have passed similar laws have shown that ignition interlocks work.

We live an era when technology to save lives is being used on a daily basis. I remember a day when I was younger; we were asked if we wanted smoking or non-smoking on an airplane. When my 20 something children hear that today it is foreign to their way of thinking. I hope that when my future grandchildren come of age it will be foreign to their way of thinking that we as a society would allow drinking and driving especially when we had the technology to prevent it.

Nurses impact outcomes on a daily basis. Please join me in making an impact on our legislators to influence the outcome of AB 91. It will save lives and that is what we do.

Please visit [www.madd.org](http://www.madd.org) to contact your local legislator letting him/her know of your support for AB 91 calling for mandatory ignition interlocks for all convicted drunk drivers.

### RN Lobby Days—Making a Difference!

by Michele Townsend

RN Lobby Days has come and gone for 2009. For those of you that are unaware of what RN Lobby Days is, it is an annual, two day, convention held in the Capitol City of Sacramento. Designed and hosted by the American Nurses Association \California (ANA/C), this convention is for nurses, nursing students, and nursing educators. It is credentially approved, allowing CEU's to be earned, and its purpose is to educate the nurses of our state on the importance of your involvement with not only your professional association, but with your government at whatever level your cause deems necessary. In addition to bringing to light *why* it is so important to be involved, RN Lobby Days also provides the information and tools needed to effectively do so. I never thought that nursing had anything to do with "politics," unless it was to "climb the corporate ladder," or there was meaningless gossip taking place. But did you know that there are around 385,000 nurses in the state of California, in many aspects and capacities. There are 40 Senators, and 80 Assembly men and women that are making all of the choices regarding your profession. These people decide what constitutes a safe work place, how many hours that nurses work, how you can or cannot treat your patients, and how much power the insurance companies can have. They decide funding for research, healthcare for the employees,

as well as the patients, funding for nursing education, and rules and regulations about situations that they can only picture in their heads. Those 40 Senators and 80 Assembly people rely a lot on the expertise of those that are in the profession to guide them on how they should vote on issues, and what issues need to be addressed. That's where the American Nurse's Association \California comes in. They are the group that represent the nurses of California, relay information to the elected officials, and guide them on the reality of issues and situations that arise regarding nursing. In order for those officials to have the tools to make informed decisions on whatever health issues may affect the nursing community, they must first hear from their nurses.

This year, each day of the event drew in about 200 nurses from around California, and there were students from 16 different colleges. Our main goal was to enlighten them on the importance of their involvement not only in their professional association, but in the political process as well. That is a lot of nurses that will be able to work together to educate our legislators on the needs of our patients, our profession, and ourselves. If you combine that strength with the strength of ANA/C's voice, it has just become much more powerful! Attending RN Lobby Days has become a requirement in several nursing programs, and it's becoming more popular. This is a good thing! You see, the more people that realize how important is to give

the political officials an accurate picture of nurse's wants, and needs, the better served the whole nursing profession will be. Does anyone really want them to go by their experiences as a patient, or parent of an ER patient, etc. to make these kinds of decisions?

Our key note speaker was Honorable Tricia Hunter. Tricia is a former Assembly woman, the Executive Director of ANA/C, and a surgical nurse. She has been at all aspects of this topic, and spoke about it with such familiarity. There were three guest speakers. Teresa Spinosa, a Nurse Practitioner that spoke about the Board of Registered Nursing (BRN). She discussed BRN's purpose, and importance. Jerome Encinas is a Political Strategist, and staff member of Assembly Caucus. He cast an entire new light on the topic, and was quite captivating. Our highlight was Mary Klotzbach RN, BSN. Like so many others, she has learned just how easy, but important it is to get involved with the political process, and that "One man CAN make a difference!" Unfortunately, due to a tragedy, Mary found herself thrust into the political process in hopes that she could prevent such tragedy from happening to someone else. Mary is a member of the organization MADD. She has been trying to get a new law passed regarding *all* convicted drunk drivers. A similar bill has come before the legislature in the past, Mary spoke at those times, but the bill did not pass. This year, however, Mary attended RN Lobby Days on Sunday, and part of Monday, and when she entered the committee room armed with her new knowledge and confidence she was unstoppable! With the support of many of our attendees present, and her new understanding of the entire process Mary was successful and AB91 passed!! Congratulations Mary!! What a great way to bring together such a wide array of nurses.

Next year we will have an entire new program. Our itinerary for next year is already looking very exciting. With a new format, it's looking very promising, and we can't wait. We hope that you will consider returning to future RN Lobby days and see all of the changes we're making! Those of you who haven't attended RN Lobby days in the past, we want you to know that if there are issues or concerns that you have regarding nursing, if there are things that you know 'Just aren't right', or if the law allows situations to arise because that law hasn't evolved with your profession then the one that can do something about it is YOU. If it is a viable issue, you've got the support with your professional association—ANA/C. The legislative process may not change, but the issues will, and therefore it is likely that your involvement will be just as important in the future as it is today.

# April BRN Meeting Report

The Board of Registered Nursing meets every quarter. The members of the Board are appointed; five by the Governor and one each by the Assembly and Senate. They serve for four years and can be reappointed once. The Board functions with committees that meet in between the quarterly meetings. The following is a summary of the April meeting.

## Administrative Report

The Director of Consumer Affairs, Carrie Lopez, resigned effective April 3rd. The Agency Secretary Rosario Marin had also resigned and former Secretary, (Assemblyman) Fred Aquiar accepted the position. Scott Reid has been appointed Under Secretary.

The Governor continues to require furlough's though the staff can chose what days to take off. Through June 2010 employees must take two furlough days per month.

## Legislative Report

The BRN shared the bills they are opposing and supporting. This report is available on their website at [www.rn.ca.gov](http://www.rn.ca.gov)

## Practice Committee Report

There was discussion of the California Association of Anesthesiologists Guidelines for Deep Sedation by Non-Anesthesiologists. The BRN would like to have something to post to their web site. Two associations, including the Nurse Anesthetists asked them not to post these without further discussion.

## Education Report

The Schools approved can be seen at the BRN website [www.rn.ca.gov](http://www.rn.ca.gov). All schools in California must be approved by the BRN for there students to be able to sit for the licensing examination. New schools must do a feasibility study and self study before they can enroll students. All schools are visited and accredited every three years. The status of the schools and approval is in the open session of the Board meeting.

The BRN does a survey of schools of nursing on an annual basis. Highlights of the report are provided here. Additional information, including use of simulation laboratories and other data, can be obtained using the link provided in this report.

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2007 through July 31, 2008. Demographic information and census data were requested for October 15, 2008.

Data from pre- and post-licensure nursing education programs by region are presented in separate reports and are available on the BRN website. <http://www.rn.ca.gov/schools/reports.shtml>

## ENROLLMENT DATA

### NUMBER AND TYPE OF NURSING PROGRAMS.

. 64% of Nursing Programs in California are ADN

Program Type	#	%
ADN	74	56.5%
LVN to ADN	10	7.6%
BSN	32	24.4%
ELM	15	11.5%
Sum of Pre-Licensure Programs*	131	100.0%

\*Since some nursing schools have more than one nursing degree program, the number of nursing programs is greater than the number of nursing schools (n=119) in the state.

## Ethnic Distribution of Newly Enrolled Nursing Students

- 59.1% of students who enrolled in a pre-licensure nursing program for the first time are ethnic minorities.
- LVN to ADN programs have the highest percentage of ethnic minorities among newly enrolled nursing students.

Program Type	ADN	LVN to ADN	BSN	ELM	Total
Ethnicity	%	%	%	%	%
Native American	0.6%	0.7%	0.7%	1.2%	0.6%
Asian	12.9%	21.3%	19.4%	26.7%	15.7%
African American	7.2%	11.6%	4.7%	6.4%	6.7%
Filipino	14.3%	24.2%	14.8%	5.6%	14.4%
Hispanic	20.8%	10.9%	12.4%	11.0%	17.7%
White	40.2%	28.3%	44.5%	43.0%	40.9%
Other	4.0%	3.0%	3.5%	6.1%	4.0%
Total	7,721	541	3,003	644	11,909
Ethnic Minorities*	59.8%	71.7%	55.5%	57.0%	59.1%

# unreported or unknown 511 74 654 66 1,305

\*Ethnic minorities include Native American, Asian, African American, Filipino, Hispanic, and other.

## Distribution of Newly Enrolled Nursing Students

- 63.8% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the nursing program.

Program Type	ADN	LVN to ADN	BSN	ELM	Total
Age	%	%	%	%	%
<26 years	30.0%	18.0%	68.6%	34.6%	39.8%
26 - 30 years	27.0%	25.5%	13.8%	33.3%	23.8%
31 - 40 years	27.3%	33.1%	11.6%	21.8%	23.1%
41 - 50 years	12.7%	19.0%	4.8%	8.3%	10.7%
51 - 60 years	2.8%	4.1%	1.1%	1.6%	2.4%
>60 years	0.2%	0.3%	0.1%	0.3%	0.2%
Total	7,796	611	3,239	696	12,342

# unreported or unknown 436 4 418 14 872

## Newly Enrolled Students by Degree Type

- The majority (62.3%) of students who enrolled in a pre-licensure nursing program for the first time in 2007-2008 are generic ADN students.

Program Type	% Students
ADN	62.3%
LVN to ADN	4.7%
BSN	27.7%
ELM	5.4%
Total	13,214

## Newly Enrolled Students by Program Track

- 78.4% of newly enrolled nursing students are in the generic program track.
- A large share (15.8%) of BSN students are enrolled in an accelerated track.

## Qualified Applications Accepted and Not Accepted for Admission to Nursing Schools in California

- 60.7% of the 33,616 qualified applications to pre-licensure nursing education programs in 2007-2008 were not accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying to nursing programs in California.
- ADN and BSN programs received the most qualified applications for admission. ADN programs had the highest percentage of qualified applications not accepted for admission.

Program Type	ADN	LVN to ADN	BSN	ELM	Total
Qualified Applications*	24,389	632	7,057	1,538	33,616
% Accepted	33.8%	97.3%	51.8%	46.2%	39.3%
% Not Accepted	66.2%	2.7%	48.2%	53.8%	60.7%

## COMPLETION DATA

### Student Completions by Degree Type

- The majority of students who completed a pre-licensure nursing program in 2007-2008 (64.1%) were ADN students.

### Student Completions by Program Track

- About 75% of nursing students completed nursing programs in the generic program track.
- Since LVN to ADN programs are considered advanced placement by definition, almost all of the students who completed those programs did so through the advanced placement track.
- BSN programs had the highest share of students (13.6%) complete the program in an accelerated track.

Program Type	ADN	LVN to ADN	BSN	ELM	Total
Program Track	%	%	%	%	%
Generic	75.4%	0.0%	83.6%	99.8%	75.5%
Advanced Placement	13.4%	99.3%	1.7%	0.0%	3.3%
Transfer	1.3%	0.0%	0.6%	0.0%	1.0%
30-Unit Option	0.9%	0.7%	0.1%	0.0%	0.6%
Readmitted	6.6%	0.0%	0.3%	0.2%	4.3%
Accelerated	2.5%	0.0%	13.6%	0.0%	5.2%
Total	6,110	417	2,481	518	9,526

Program Type	% Students
ADN	64.1%
LVN to ADN	4.4%
BSN	26.0%
ELM	5.4%
Total	9,526

## Letter to the Editor

### RE: Diabetes Management in Schools

I was happy to read that you include LVN's as having the ability to manage insulin administration. I have worked in acute care as an LVN for decades and spend time educating my patients on their disease. I have had RN coworkers make comments to me about this commitment, say they are unfunded or they won't listen. To this is I say, especially if they are unfunded, "the more information the unfunded have the lower the likelihood they will present to our emergency rooms with diabetic complications." As for the diabetic not listening, I tell my coworkers "you could be right, but it is still my job to educate them." It is very important for me to be able to document that I did my job, so I avoid judging my patients receptiveness. I do live in the real world, so am very familiar with denial and noncompliance. But I do not waver from my responsibility to teach my patients. Thanks for considering LVN competency in the area of insulin treatment.

Jessica Dailey

### April BRN Meeting Report continued from page 7

#### Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 16.1% in 2007-2008.
- ELM programs had the lowest attrition rate.
- The retention rate for accelerated tracks within nursing programs was 82.9% in 2007-2008.1
- Accelerated BSN programs had the lowest attrition rate.

#### FACULTY

##### Full-time and Part-time Faculty Data

- On October 15, 2008, there were 3,447 nursing faculty. Almost 60% (n=2,053) of these faculty work part-time.
- Part-time faculty work an average of 15.0 hours per week.
- The faculty vacancy rate in pre-licensure nursing programs is 4.7% (n=170). There were more full-time than part-time faculty vacancies reported, resulting in a larger vacancy rate among full-time faculty.

Total faculty	# Faculty	Faculty Vacancies	Vacancy Rates
	3,447	170	4.7%
Full-time faculty	1,394	139	9.1%
Part-time faculty	2,053	31	1.5%

- Nursing schools reported that a small share of faculty work at multiple nursing schools (1.8%, n=62) or in a joint appointment with a nursing school and clinical placement site (3.3%, n=113).
- Schools reported that 131 faculty members retired in 2007-2008, and 64 additional faculty are expected to retire in 2008-2009
- 66.9% of faculty are between 40 and 59 years of age.

#### Faculty Education

- 71.7% of all nursing faculty have a master's degree or higher.

Highest Degree Held	% Faculty
Associate degree	5.0%
Bachelor degree	23.3%
Master degree	59.7%
Doctoral degree	12.0%
Number of faculty	3,447

#### Faculty Salaries

- On average, full-time faculty salaries range from \$47,482 to \$79,128 per year.
- Part-time faculty wages range from an average of \$46.55 to \$63.27 per hour.

Faculty Salaries	\$
Full-time faculty	
Average low (\$/year)	\$47,482
Average high (\$/year)	\$79,128
Part-time faculty	
Average low (\$/hour)	\$46.55
Average high (\$/hour)	\$63.27

#### Waiting List

- 9,487 applicants to pre-licensure nursing programs were placed on a waiting list in 2007-2008.
- Nursing education administrators estimate that it takes a qualified applicant an average of 3.2 quarters/semesters to enroll in a registered nursing program after being placed on a waiting list.

#### Program Type

Waiting Lists	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	9,294	109	22	62	9,487
Average number of quarters/semesters to enroll after being placed on the waiting list	3.6	1.6	2.0	1.0	3.2

\*Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

#### NCLEX

##### First Time NCLEX Pass Rates

- In 2007-2008, 85.8% (n=7,680) of nursing students who took the NCLEX for the first time passed the exam.

Program Type	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	85.4%	85.9%	92.3%	85.8%
# Students that took the NCLEX	6,261	2,255	430	8,946
# Students that passed the NCLEX	5,347	1,936	397	7,680

#### OTHER ISSUES

##### Access to Prerequisite Courses

- 40 nursing schools reported that access to prerequisite science and general education courses is a problem for their pre-nursing students.
- Adding science course sections and offering additional prerequisites on weekends, in the evening or during the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

##### Employment of Recent Nursing Program Graduates

- 88.0% of students who completed a nursing program between 8/1/07 and 7/31/08 are employed in a hospital.
- 91.5% of recent graduates are employed in California.
- 54.4% of recent graduates are employed by one of the nursing school's healthcare partners.

Employment Location	Average % of Program Graduates
Hospitals	88.0%
Long term care facilities	2.7%
Community/public health facilities	2.2%
Other healthcare facilities	3.1%
Other	4.0%
Number of schools	100

# Ukraine

For the last five years Myrna Allen RN, Teresa Spinosa RN, Barbara Mullen, RN and Tricia Hunter, RN have joined a group of physician volunteers, going to the Ukraine twice a year. We were invited to begin a surgery mission, working with a Missionary who was involved with the orphanages. We are sponsored by Variety Children's Charity, Smiles International, and Rotary International, specifically the Carlsbad Rotary Club and the Mission Bay Rotary Club.



The practice in the Ukraine, and in many of the former Soviet Union States, was to put a child with a major deformity into an orphanage. The parents were told that the child would mostly likely not survive and that this would be the best for them. The practice in these countries is not to treat the deformity. The babies with cleft lips and palates were put into the baby orphanage. If they survived for three years, without treatment, in the baby orphanage then they were transferred to another orphanage and speech therapy was started. This included a prosthesis to close off the palate and the closure of the cleft lip around 7 or 8 years of age. This was partially because the anesthesia available was not safe for babies and because the health care system is strapped for funds.

Working with the physicians and nurses in the Ukraine has been a wonderful experience for all of us. We have developed new friendships that will last a lifetime. The medical community do their best with very few resources. When we first arrived the surgical team was using surgical gowns that were from 1952 that were threadbare. The instrumentation was large and not appropriate for mouth surgery. They do not have modern suture. Surgery is scheduled when they have resources and when they run out, they delay procedures.

The outcome of delayed surgery are young adults with defects that will take major facial bone reconstruction to resolve. We have done numerous reconstruction of lips, noses and palates. The orphans live together at the orphanage until they are 17 and then are turned out. Many of them are very self conscious because of their physical defects.

Caroline has been going to the Ukraine for over 20 years. She pays her own way and raises funds to provide additional workers in the orphanages and hospital for the children. Caroline raises money to pay for "staff" at the orphanages. It costs about 40.00 a month for each staff person. This provides persons to play with the children and help care for them. In the baby house they are the ones that change and hold the babies. These workers help the orphanage staff take care of the children, play with them, and help them with homework. When these children are in the hospital these workers stay with children and take care of them. There is only one RN for 40 -60 patients. Patients do not get IV's or medication unless the family can pay for it. The family takes care of the patient who is sick. If there is not family the patient gets minimal care. Again, there just are not resources and the nurses and physicians do the best they can with limited supplies.

Our usual schedule is to travel on Wednesday and Thursday, arriving in the Ukraine after three flights at 4:00p.m. We do surgery screening on Friday and Saturday. There is free time on Sunday which we often use to visit

the orphanages and take our packages of clothes and shoes to the volunteers. We start surgery on Monday and do as many cases as we can. We must work on their schedule. Since this is socialized medicine the doctors and nurses work for the government. They do not get paid overtime. There is no incentive to work more hours than they are paid for. We did 23 surgeries this time which is the most we have ever completed. This was partly because we convinced them to do surgery on Friday and partly because we did cases at another hospital.



We are doing cases at two hospitals, the Main Hospital and Children's. Children's make the main hospital look new! It was built in the by the Czar of Russia and even visited by Nicolas II. When the Czar was removed from power much of their funding went away.



One of the best things about coming back to the same clinic multiple times is you get to see the kids over and over again. We visited the orphanage on Sunday and saw many of "our kids". They did a special welcome for us at the Internet II, the orphanage that has the kids with hearing and speech issues.



Caroline, who is in front of this picture, is the missionary who has single handedly started the charitable work in the Ukraine and through whose connections we finally got here. Olga, in the front row, is the daughter of one of the anesthesiologists and now a physician. The kids are all ones we have done at least one surgery on and some up to three. We delivered two large bags of shoes and clothes to the Father House for delivery to the orphanages. The Father House is part of the mission Caroline runs. It is a home for the orphans after they are 17. The home

is staffed by a couple and as many of six kids will reside in one of these apartments. The orphanages need the clothes and shoes so bad. We had heard from Caroline, that the budget for clothes had been eliminated so we are bringing them what they will get.



In our screening we saw Maximus again. We did his surgery a couple trips back. He had a lip repair and a palate repair. He needs one more major surgery. Maximus has an encephalocele, which means the barrier between the skull and nose did not close. Part of his brain is in the passage that is now his nose. He needs this closed and his eyes moved closer together. Dr Bertz would like to see this happen but it requires a neurosurgeon with the team. He is going to try and make this happen. Maximus is in the baby orphanage. He is perfect except for the birth defect. It would be great to find a home for him.

We have done a number of baby primary lips. It is so great to do these surgeries early in their lives so they don't live with the deformity and they can eat and learn to speak correctly.



All of us involved want to thank everyone who has donated items and money to this effort. Every little bit helps! It is a long trip but we are always so grateful we can help these kids.





**American Nurses Association \ California  
Membership Application**



AMERICAN NURSES ASSOCIATION \ CALIFORNIA  
AN AFFILIATE CHAPTER OF THE AMERICAN NURSES ASSOCIATION

**'Celebrate Nursing'  
Awareness Magnet**

Celebrate Nursing throughout the year with this awareness ribbon magnet. The magnet is 8" tall and 4" wide and comes in Apricot with the phrase 'Celebrate Nursing' in black script across the front.



.....\$3.00 each  
includes S&H

**'Celebrate Nursing' License Plate Frame**

Plastic license plate frame is white with the words 'Celebrate Nursing' in apricot with black trim. Show your passion for nursing year round with this license plate frame.....\$3.00 each includes S&H



**Professional Work Setting Jewelry**

Perfect pearl stud earrings for any nurse. They are 7.5mm in diameter, which is perfect for the work setting or for a formal dinner. These creamy freshwater AA pearls come in white, pink or black! The post backs are 14k gold. You won't be disappointed! Limit three per order.



..... \$39.99 each  
plus \$3.50 S&H each



**Nurses Care! Lapel Pin**

These lovely little pins are sure to put a smile on the faces of nurses and patients alike! Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different nursing tools such as band aids, stethoscope, charts, etc. Limit four per order.

By Michi

..... \$15.00 each  
plus \$6.50 S&H each

**'Lil Scrubs' Lapel Pin**

Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different uniform color with each new edition of 'The Nursing Voice'.



Limit four per order..... \$15.00 each  
plus \$6.50 S&H each



**Crazy 'bout Nursing Pins  
by Michi**

You'll be the Talk of the Town wearing these adorable pins. Available exclusively through ANA\C. Handcrafted on 1 1/2" wooden discs, with high quality materials. Limit five per order. Facial expression and hair color may vary.

.....\$5.00 each  
includes S&H

**Faces Of Our Heroes**

28" x 20" Poster show nurses in different work environments for our military. There is no cost for the poster and can be sent to you for S&H fee only. Limit 10 per person. Call for details. Offer good while supplies last. 916-447-0225



**Nurse Throw**

72" x 48" personal throw is a must for every nurse on your list. Displays the ANA\C logo and 19 words describing various characteristics of Nurses. 100% Cotton and Made in the USA!

.....\$33.00  
includes S&H

_____	_____	_____
Last Name/First Name/Middle Initial	Credentials	Date of Application
_____	_____	_____
Mailing Address	Apt. / Unit Number	Home Phone Number
_____	_____	_____
City / State	Postal Code 'Zip'	Home Fax Number
_____	_____	_____
Basic School of Nursing	Year Graduated	License Number / State
_____	_____	_____
Employer Name	Business Phone	
_____	_____	
Title/Building/Department	Business Fax	
_____	_____	
Address	Postal Code	
_____	_____	
Employer City / State	E-mail Address	
_____	_____	
	Referred By: _____	

MEMBERSHIP DUES VARY BY STATE

**Membership Category (Check one)**

**M Full Membership Dues—\$255**

- Employed—Full Time
- Employed—Part Time

**R Reduced Membership Dues—\$127.50**

- Not Employed
- Full Time Student
- New graduate from basic nursing education program, within six months after graduation (first membership year only)

Grad. Date \_\_\_\_\_  
 62 years of age or over and not earning more than Social Security allows

**S Special Membership Dues—\$63.75**

- 62 years of age or over and not employed
- Totally Disabled

**Payment Plan (Check One)**

- Full Annual Payment
- Check
- Master Card or VISA Bank Card (Available for Annual payment only)

Bank Card Number and Expiration Date \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**Payment Plan (continued)**

- Electronic Dues Payment Plan (EDPP)  
Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

**AUTHORIZATION** to provide monthly electronic payments to American Nurses Association (ANA)  
This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

**Mail with payment to:**  
American Nurses Association\California  
1121 L Street, Suite 409  
Sacramento, CA 95814

Signature for EDPP Authorization \_\_\_\_\_

TO BE COMPLETED BY SNA			Employer Code _____	
STATE _____	DIST _____	REG _____	Approved by _____	Date _____
Expiration Date _____ / _____	Month _____	Year _____	\$ _____	AMOUNT ENCLOSED _____ CHECK # _____
				Sponsor, if applicable _____
				SNA membership # _____

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