

# Tennessee Board of Nursing



# Newsletter



2014

A regulatory agency of the State of Tennessee

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Bureau of Health Licensure and Regulation • Health Related Boards • 665 Mainstream Drive, Nashville, TN 37243  
Phone: (615) 532-5166 - Toll Free: (800) 778-4123 ext. 532-5166 - Fax: (615) 741-7899 - [tennessee.gov/health](http://tennessee.gov/health)

## Meet the Board of Nursing

Member	Representation	Expiration
Brent Earwood, Chair	APN, 8th District	5-31-16
Lisa Heaton, Vice-Chair	RN, 1 <sup>st</sup> District	3-31-14
Janell Cecil	RN, 2 <sup>nd</sup> District	9-30-17
Marietha Silvers	RN, 3 <sup>rd</sup> District	5-31-16
Leslie Akins	APN, 4 <sup>th</sup> District	5-31-16
Juanita Turnipseed	APN, 5 <sup>th</sup> District	9-30-17
Mark Young	APN, 6 <sup>th</sup> District	5-31-16
Martha Buckner	RN, 7 <sup>th</sup> District	9-30-17
Lee Ann Stearnes	APN, 9 <sup>th</sup> District	9-30-17
Kathleen Harkey	Public Member	9-30-13
Arthur Thompson	LPN	9-30-17

Please note that all meetings of professional licensing boards are open to the public and you are welcome to attend. If you have any questions, please feel free to contact the Board at 615.532.5166.

## Chronic Pain Guidelines

The Board endorsed the "Tennessee Clinical Practice Guidelines for Outpatient Management of Chronic Non-Malignant Pain". The purpose of these guidelines is to define appropriate treatment of chronic pain, a common and often serious condition. These guidelines are intended to be used to support clinicians in their treatment of patients with chronic pain with particular reference to the prescribing of opioid medications. Optimal treatment of chronic pain, defined as pain lasting longer than 90 days, is an interdisciplinary process that includes many interventions which do not always involve opioid pain medications.

The method used to formulate these guidelines included a review of national expert panel recommendations and state practice guidelines, multiple listening sessions with clinicians in Tennessee, oversight by a multidisciplinary steering committee and recommendations from an advisory committee with strong representation by clinicians with specialty training in pain medicine. Draft clinical guidelines were also circulated to a broader group of professional associations within Tennessee, including but not limited to mental health and substance abuse and workers'

## Rulemaking Hearing

The Board of Nursing will hold a rulemaking hearing at 8:30 a.m. on December 4, 2014 at 665 Mainstream Drive in the Iris Room. Topics include: RN first assistants (title, licensing and fees), continuing competency for prescribers (two hours continuing education to include prescribing guidelines for holders of a certificate of fitness) and the 90-day rule (time period for nurse holding a PTP to work in TN increased from 30 days to 90 days to allow for obtaining a TN license by endorsement) The substance of the Rule Making Hearing is described in full in the Notice which is available online at [http://state.tn.us/sos/rules\\_filings/09-05-14.pdf](http://state.tn.us/sos/rules_filings/09-05-14.pdf).

compensation programs. Go to <http://health.state.tn.us/Downloads/ChronicPainGuidelines.pdf> to link to guidelines.

BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Institutions can learn more about Nursys e-Notify by viewing an introductory video at [www.nursys.com](http://www.nursys.com).

## NCSBN News

### NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through **Nursys e-Notify**.

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

Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

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

If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a

[1] Except Alabama, Hawaii, Kansas and Oklahoma.

### Interstate Practice Affirmed

The National Council of State Boards of Nursing (NCSBN) passed a resolution affirming its commitment to facilitating interstate practice at its Delegate Assembly and Annual Meeting held in Chicago, Aug. 13-15, 2014.

With this resolution, NCSBN affirms its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of telehealth technology for access to health care as well as facilitate the mobility of nurses.

NCSBN recognized the importance of facilitating interstate practice by endorsing the mutual recognition model of nurse licensure in 1997. In 2000, the Nurse Licensure Compact (NLC) for registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs) was implemented. The Nurse Licensure Compact Administrators (NLCA) representing the 24 states in the NLC, have continuously explored potential revisions to the NLC to enhance its operations. Over the past year, the NCSBN Executive Officer Forum has engaged in a dialogue about the mutual recognition model of licensure and has reached consensus among those members who participated to propose revisions to the NLC that will allow for its expeditious adoption by states. Additionally, the Advanced Practice Registered Nurse (APRN) Compact, a mutual recognition model for advanced practice nursing, has been proposed and is being aligned with the NLC.

For more information about the NLC, visit <https://www.ncsbn.org/nlc.htm>.

## NCSBN National Simulation Study

The National Council of State Boards of Nursing (NCSBN) has released the findings of its award-winning research, "The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education," which concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produces comparable end of program educational outcomes to those students whose experiences are mostly just traditional clinical hours and produces new graduates that are ready for clinical practice.

The largest and most comprehensive research to date examining the use of simulation in the prelicensure nursing curriculum, this longitudinal study included incoming nursing students from 10 prelicensure programs across the U.S. who were randomized to one of three study groups:

- Control group (traditional clinical where up to 10 percent of clinical time was allowed in simulation)
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013. Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation.

It was found that up to 50 percent simulation was effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX pass rates.

Study participants were also followed into their first six months of clinical practice. The study found that there were no meaningful differences between the groups in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position.

NCSBN Professional Boundaries in Nursing Video

NCSBN has launched the "Professional Boundaries in Nursing" video to explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. Year after year, nursing consistently tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and those under their care. Patients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from attaining personal gain at the patient's expense and refrains from inappropriate involvement in the patient's personal relationships. In order to maintain that trust and practice in a manner consistent with professional standards, nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. <https://www.ncsbn.org/2930.htm>



## Statutory Changes of Interest to Tennessee Nurses

### Legislative Updates

If you wish to review any of the following Public Chapters in their entirety, please visit: <http://www.tennessee.gov/sos/acts/index.htm>.

### Administration of Insulin (SB1445/HB1383)

- Authorizes (not mandates) LEA's to allow school personnel trained by a registered nurse to administer insulin to a student
- TDH and DOE shall jointly draft guidelines governing appropriate procedures for RN's to use in training personnel
- BON shall review guidelines before they take effect
- Training to administer glucagon and insulin shall take place annually and competencies demonstrated twice a year
- Training RNs and trained personnel shall have immunity
- Public Chapter 614
- This act goes into effect on January 1, 2015

### **Board of Nursing Extension (SB1527/HB1604)**

- This bill extends the Board of Nursing through June 30, 2018
- Public Chapter 602
- This act took effect on April 4, 2014

### **Interstate Nurse Licensure Compact Extension (SB1545/HB1600)**

- This bill extends the interstate nurse licensure compact through June 30, 2018
- Public Chapter 494
- This act took effect on February 19, 2014

### **Customer Focused Government (SB1629/HB1425)**

- Allows for initial licensure applications to be accepted online
- Renewing licenses is already available online
- It also makes available to the public annual inspections of health care facilities and pharmacies, similar to how nursing home inspections are already available
- This act goes into effect on July 1, 2014

### **Controlled Substance Monitoring Database Update (SB1630/HB1426)**

- Prior to writing a script for an opiate or benzodiazepine, a practitioner must check the database for their patient
- Allows the patient's profile to be placed in their medical record, which is subject to HIPAA
- Also allows the Department of Health to make available aggregate, de-identified data from the CSMD, upon request
- Public Chapter 622
- This act goes into effect July 1, 2014

### **Naloxone Rescue Act (SB1631/HB1427)**

- Naloxone is an opioid antagonist designed to stop the effects of an opiate related overdose

- Allows a licensed healthcare practitioner to prescribe naloxone to a person at risk of having an opiate related overdose, or a family member or friend of the at risk individual
- Requires training in administration of naloxone prior to drug being prescribed (Training being prepared by TDH)
- Provides immunity from civil prosecution for both prescribing practitioner and individual administering naloxone
- Public Chapter 623
- This act goes into effect July 1, 2014

### **Limitations on Scheduled Prescribing (SB1663/HB1512)**

- Requires healthcare practitioner to notify appropriate licensing board within 10 days of starting or ending employment at a pain clinic
- Requires pharmacy wholesalers to notify BOP and prescribing boards when suspicious orders (unusual size, deviations from normal pattern, and unusual frequency) are discovered
- Wholesalers must report a theft or significant loss of controlled substances to the CSMD committee and local law enforcement within 1 business day of discovery
- Prevents health care prescribers from dispensing an opioid or benzodiazepine except under the following conditions:
  - dispensed as a complimentary sample to practitioner's own patient
  - dispensed in the DOC setting
  - dispensed in connection with a surgical procedure at a licensed HCF and not exceeding a 7-day supply
  - dispensed as part of an approved clinical trial
  - dispensed at an opiate addiction treatment facility

- dispensed to a patient at a licensed HCF or a licensed MHF
- dispensed in conjunction with a workman's compensation program
- dispensed by a licensed veterinarian
- dispensed in accordance with current pain clinic laws
- Requires all opioids and benzodiazepines not falling under the exemptions to be returned to a reverse distributor or to local law enforcement by Jan. 11, 2015; also requires wholesalers to buy back undispensed inventory, in certain instances
- Goes into effect January 1, 2015

#### **Civil Immunity (SB1674/HB1928)**

- Current law provides civil immunity to health care providers providing services at clinics that charge patients based on a sliding scale
- This legislation extends that immunity to health care providers offering services at a clinic that does not charge a patient for services
- Public Chapter 575
- Became effective March 28, 2014

#### **Anti-Meth Production Bill (SB1751/HB1574)**

- Caps the sale/purchase of ephedrine or pseudoephedrine products at 5.76 g/month or 28.8 g/year, per person
- The caps shall not apply with respect to a valid prescription from a practitioner authorized to prescribe
- No person under the age of 18 may purchase the products except pursuant to a valid prescription from a practitioner or from a pharmacist generated prescription
- Goes into Effect July 1, 2014

#### **Nurse Depositions (SB1754/HB1556)**

- This legislation adds APNs to individuals exempt from subpoena to trial

- APNs, like PAs, are still subject to subpoena to deposition
- Public Chapter 590
- This bill took effect on March 28, 2014

#### **Nurse First Assistants (SB1768/HB1656)**

- This legislation adds the certification of "Registered Nurse First Assistant" to the purview of the BON
- Allows a licensed registered nurse, certified in perioperative nursing, that has completed a RNFA educational program, to apply to the BON for a RNFA certificate
- Allows BON to promulgate rules and set fees associated with RNFA certification
- This bill takes effect on July 1, 2014

#### **Supervising Physician (SB1853/HB2171)**

- Adds the supervising physician to Consumer Right to Know Database and makes database searchable by APN, PA or physician name
- Requires notification to the Department within 30 days of any change in supervising relationship by all providers to keep all information available to public up to date
- Goes into effect January 1, 2015

#### **Infant CPR (SB1886/HB1788)**

- Requires certain entities to make available information and instruction of infant CPR to at least one future parent or caregiver
- Entities are:
  - an obstetrical provider, who treats a prenatal patient on at least two separate occasions
  - hospital or birthing center where baby is born, before discharge
  - primary care provider who treats a newborn in an ASTC within 28 days of birth
- Public Chapter 594
- Goes into effect July 1, 2014



### **Pain Clinic Update (SB2000/HB1939)**

- Defines chronic non-malignant pain treatment as prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol for ninety (90) days or more in a twelve (12) month period for pain unrelated to cancer or palliative care
- Pain Clinics are private practices that treat a majority of its total patients for any 90 day period for chronic non-malignant pain
- Exempts interventional pain treatment and multispecialty practices under certain circumstances
- Public Chapter 700
- Goes into effect July 1, 2014

### **Telehealth as Covered Practice (SB2050/HB1895)**

- Allows telehealth providers to contract with insurance companies
- Telehealth services must comply with state licensure requirements promulgated by board with jurisdiction over provider
- Sets out that for reimbursement for treatment through telehealth cannot be denied solely because the treatment did not include an in-person encounter
- Public Chapter 675
- Goes into effect January 1, 2015

## **Updates Applicable to All Boards**

### **Public Chapter 575 -**

This act extends civil immunity to health care providers providing services at clinics that charge patients based on a sliding scale to health care providers offering services at a clinic that does not charge a patient for services.

### **Public Chapter 585 -**

This legislation allows the Commissioner of Health to set the pharmacy formulary for medications that are issued from local health departments. It allows input from the Board of Pharmacy on the medications to be listed. This will streamline the

process and allow for more prompt changes to the formulary.

### **Public Chapter 638 -**

This act allows optometrists to use local anesthetics in conjunction with the primary care of an eyelid lesion. It requires optometrists to follow board promulgated rules governing the care of eyelid lesions and they must be CPR certified and show proof of certification to the board in order to use such anesthesia. It further prohibits reconstructive surgery from being performed.

### **Public Chapter 651 -**

The act allows Quality Improvement Committees (QIC's) to share information with their counterparts and keeps this information confidential, privileged and protected from subpoena, discovery or trial evidence. It removes liability surrounding those who give information to QIC's and removes liability solely on actions taken by the QIC.

### **Public Chapter 675 -**

The act allows telehealth providers to contract with insurance companies to have their services covered in offered plans. Insurance providers cannot deny payment solely because the encounter was not in person.

### **Public Chapter 763 -**

This act revises delinquent privilege tax provisions that would require the Department of Revenue to notify the licensee that failure to cure the delinquency or deficiency prior to their licensure renewal date can result in renewal abeyance. For purposes of the bill, "cure" means payment in full, entering into an agreed payment plan, or abatement of tax liability. Licensing boards will be provided monthly with list of licensees who are delinquent 90 days or more and boards may not process licensure renewal.

### **Public Chapter 791 -**

This act creates a pilot program where three drug courts will have the ability to retrieve data from the controlled substance monitoring database. The pilot programs will be in rural, semi-urban, and urban counties and the retrieval process will mirror the current manner in which law enforcement is able to access data. The drug courts must show a need for

the data, as their retrieval ability is very limited in scope.

#### **Public Chapter 809 -**

This act deletes superfluous language in the existing practice act statute. It adds forensic evaluation and parent coordination to the scope of practice. Further, this bill authorizes the board to promulgate rules regarding the practice of telepsychology.

#### **Public Chapter 820 -**

This act allows for prosecution, up to a class A misdemeanor, of a woman who gives birth to a child with neonatal abstinence syndrome, if the mother was illegally using narcotics. It is an affirmative defense for the mother if she was enrolled in a recovery program prior to the birth and successfully completes the program. (link to FAQ's for PC 820 – coming soon)

#### **Public Chapter 828 -**

This requires a pharmacy to submit a data entry error correction to the NPLEx, upon learning of a data entry error. It prohibits the NPLEx from generating a stop sale alert where quantity limit is exceeded due to data entry error for which a correction was submitted.

#### **Public Chapter 832 -**

This authorizes collaborative pharmacy practice agreements (CPPAs) and sets out the legal parameters for CPPAs involving pharmacists and health care practitioners with prescriptive authority. It prohibits a retail pharmacy from employing an individual with prescribing authority for the purpose of maintaining, establishing or entering into a collaborative practice agreement with a patient. Further, it specifies that nothing shall prevent a pharmacy or pharmacist or group of pharmacists from employing or entering into a professional contract with a physician or licensed medical practitioner for the purpose of conducting quality assurance reviews of its pharmacists that are engaged in the practice of collaborative drug therapy.

#### **Public Chapter 842 -**

This act expands the provisions for dispensing in pain clinics to allow prescribers at a pain clinic to dispense complimentary samples of non-narcotic

schedule V controlled substances for up to a 14-day supply.

#### **Public Chapter 857 -**

This act defines maximum allowable cost (MAC) and maximum allowable cost list for pharmacy benefits managers (PBM) and covered entities and requires PBM to find that a drug is generally available for purchase by pharmacies in the state from a national or regional wholesaler, prior to that drug being placed on MAC list. If a drug on the MAC list no longer meets these qualifications, it must be removed from list within 5 business days after discovery. This act does not prohibit a PBM from reimbursing claims for generics at a previously determined MAC, even if a PBM reimburses brand name at contracted rate after drug is determined generally unavailable. PBM's must make available to each pharmacy contracted with or included in their network, at the beginning of the contract and upon renewal, the following: sources used to determine MAC for drugs and devices on MAC list; every MAC for individual drugs used by PBM for patients served by that pharmacy; and, upon request, every MAC list used by that PBM for patients served by that pharmacy. PBM's shall: update the MAC list at least every 3 business days; make updated lists available to each pharmacy contracted with or included in network, online; and, utilize updated MACs to calculate payments made to pharmacies within 5 business days. PBM's shall define how a pharmacy may contest the MAC of a particular drug or device. Pharmacies may appeal if the MAC established is below the cost of that drug or product is generally available and/or the PBM has placed the drug on list without determining that the drug is generally available for purchase by pharmacies in the state from a national or regional wholesaler. The appeal must be filed within 7 business days of submission of initial claim for reimbursement. A PBM must make its final determination of appeal within 7 business days of PBM receiving the appeal. Any denial of appeal requires the PBM to state the reason for denial and provide national drug code of equivalent drug that is generally available for purchase at a price which is equal to or less than MAC for drug. Successful appeals require the PBM to adjust MAC of drug or device for appealing pharmacy, effective from the date the appeal was filed, and within 3 business days to apply to claims submitted by other network pharmacies for the next payment cycle. PBM's shall make information regarding the appeals process available online. Medical products and devices are limited to those included as pharmacy benefit under

the contract. Violations of this law may subject PBM's to current penalties in law. Pharmacies shall not disclose to any third party any MAC lists or other related information it receives from a PBM except that pharmacies may share such lists and information with pharmacy services administrative organizations or similar entities which the pharmacy contracts with to provide administrative services. Organizations that receive such information from pharmacies shall not disclose the information to any third party. This act takes effect January 1, 2015 and applies to all contracts entered into or renewed on or after that date.

#### **Public Chapter 859 -**

This act transfers the collection of the nursing home assessment from the Department of Health to the Bureau of TennCare. It restructures the assessment from a per-bed tax to a per-resident-day basis, excluding Medicare patients. It creates a trust fund of the collections from nursing homes, investment earnings and penalties. Payments are due on the 15th of each month for the previous month's assessment and are due to TennCare starting on August 15, 2014.

#### **Public Chapter 872 -**

This act requires an individual picking up prescription of a schedule II-IV opioid, benzodiazepine, zolpidem, barbiturate, or carisoprodol to show identification. The individual picking up the prescription is not required to be the person for whom the script is written for. Several exemptions apply to this law such as: it is only applicable to prescriptions longer than a 7-day period; dispenser is not required to check ID if the person is personally known by dispenser; minors or homeless individuals that do not have ID may receive prescription based upon dispenser's personal judgment; does not apply to veterinarians; does not apply to samples dispensed by healthcare professionals. Additionally, this act does not apply to scripts written for: inpatients in a hospital; outpatients of a hospital where prescriber writes order in medical chart and order is given directly to hospital pharmacy; residents of a nursing home or assisted living facility; inpatients or residents of licensed MH facility; inpatients or residents of a DEA registered narcotic treatment program; patients in correctional facilities; mail order patients; pharmacy home delivery patients. Violations of this act are only subject to civil penalty assessed by the licensing board, which is authorized to promulgate rules to effectuate this act.

#### **Public Chapter 906 -**

This is the Methamphetamine Production Reduction Act. The law caps the sale/purchase of ephedrine or pseudoephedrine products at 5.76 g/month or 28.8 g/year, per person requiring prescription. The caps shall not apply with respect to a valid prescription from a practitioner authorized to prescribe. No person under the age of 18 may purchase the products except pursuant to a valid prescription from a practitioner or from a pharmacist generated prescription.

#### **Public Chapter 909 -**

The act defines cosmetic medical service as any "service that uses a biologic or synthetic material, a chemical application, a mechanical device, or a displaced energy form of any kind that alters or damages, or is capable of altering or damaging, living tissue to improve the patient's appearance or achieve an enhanced aesthetic result". The act further requires any business advertising as a medical spa to display the medical director or supervising physician of the practice on a sign at the practice including board certification.

#### **Public Chapter 918 -**

This legislation creates the Applied Behavior Analyst Licensing Committee under the Board of Examiners in Psychology. The committee shall consist of five members appointed by the governor, three of which shall be licensed behavior analysts, one assistant behavior analyst and one consumer member of the public. The law sets forth procedures for obtaining and maintaining licensure for behavior analysts and assistant behavior analysts. It adds the chair of the committee as an ex-officio voting member to the Board of Examiners in Psychology. Further, it sets a minimum quorum for the board at six members and also requires any board action to receive at least six alike votes.

#### **Public Chapter 936 -**

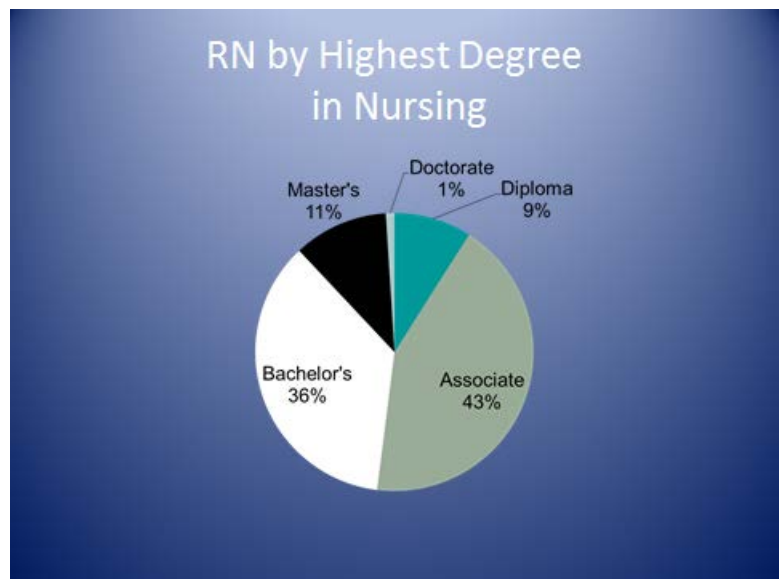
This act allows for cannabidiol to be dispensed and administered as part of clinic research trials for treatment of intractable seizures in certain hospitals. The act requires the trials to be supervised by a physician practicing at a hospital or associated clinic that are affiliated with a university with a college or school of medicine. Any physician conducting a trial must report the results to the standing health committees of the Tennessee House and Tennessee Senate as well as both the



Speakers of the Senate and House by January 15, 2018.

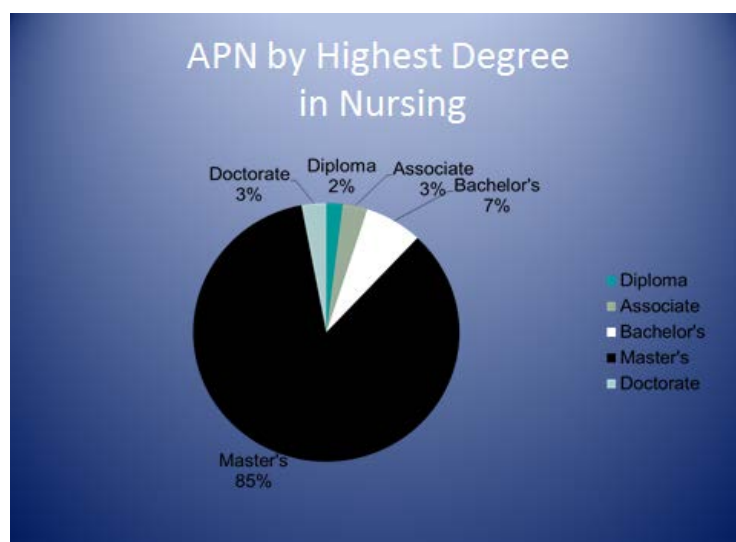
### Public Chapter 1011 -

The act requires submissions to the Controlled Substance Monitoring Database be made at the close of each business day for all controlled substances dispensed the prior business day. The act does provide good faith effort exemption and gives the Board of Pharmacy the ability to make rules implementing this exemption. This act does not go into effect until January 1, 2016. Veterinary Medical Examiners are exempt from this provision.

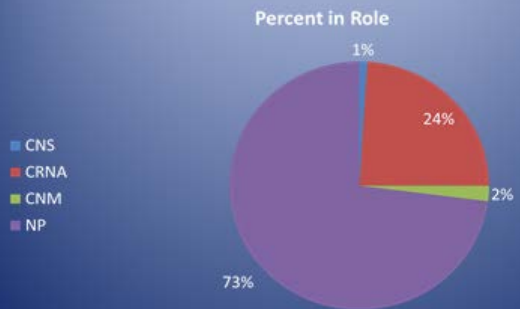


### LICENSURE DATA: RN, LPN, APN Active October 2014

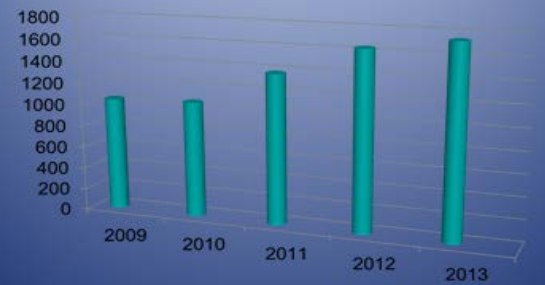
	Registered Nurse	Licensed Practical Nurse	Advanced Practice Nurse	Total Licenses
Active	88,859	30,176	9,892	128,927



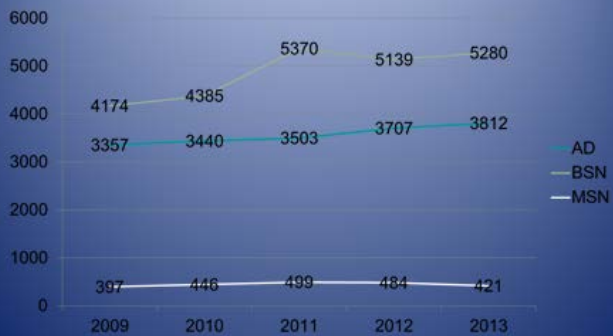
## Advanced Practice Nurse Roles



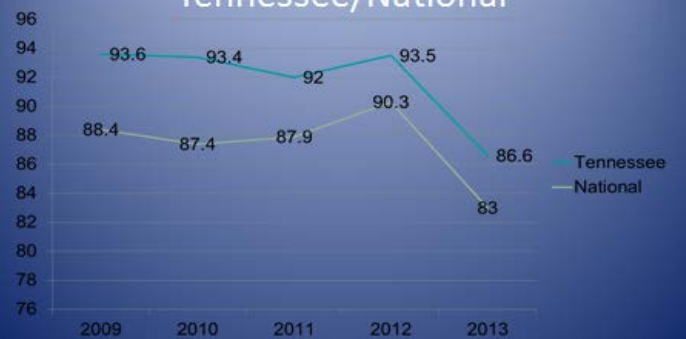
## RN-BSN Enrollment



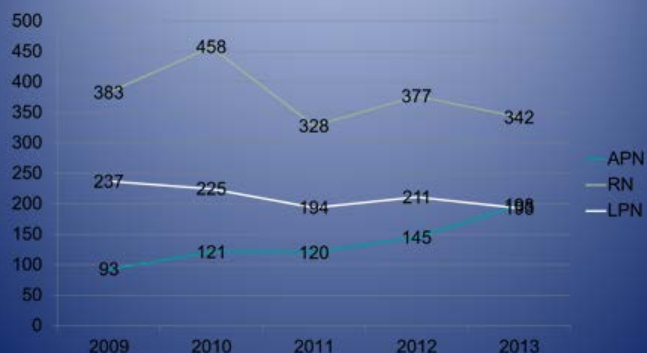
## Enrollment Data Initial Licensure



## NCLEX-RN Pass Rate Tennessee/National



## Number of Complaints

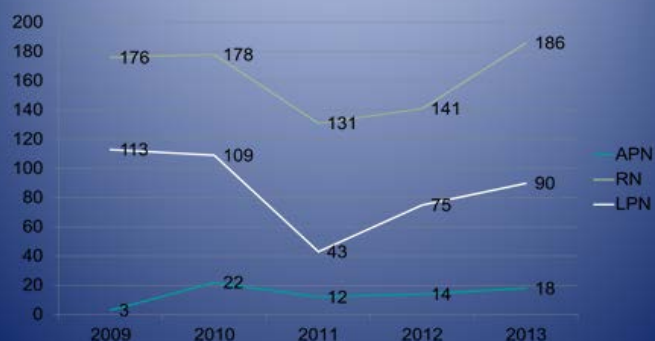


## BOARD MEETING DATES

December 3-4, 2014  
 February 18-19, 2015  
 May 13-14, 2015  
 August 5-6, 2015  
 November 18-19, 2015

All board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the board's office, 665 Mainstream Drive, First Floor, MetroCenter, Nashville, TN 37243, and are open to the public. Dates are subject to change and are listed on the board's website. The new space offers an abundance of free parking and large meeting rooms that accommodate guests. We encourage licensees, students and others interested in board business to attend the quarterly meetings.

## Disciplinary Actions Per Year



## Renew Online

Seventy percent of nurses save time and postage by renewing online. You may pay with a debit or credit card. Go to:

<https://apps.tn.gov/hhrs/begin.jsp;jsessionid=E91CB A7034094790D84D6C1851CFFFB9.portalprod7>

## BOARD STAFF

For questions regarding this newsletter or any other nursing-related topic, contact the staff of the Tennessee Board of Nursing at (800)-778-4123, extension 532-5166 or 615-532-5166.

- Elizabeth Lund, MSN, RN, Executive Director
- Teresa Phillips, BSN, RN, Nurse Consultant – Practice and Discipline
- Elizabeth Sherfy, BSN, RN, Nurse Consultant – Education
- Sandra Powell, Administrative Director
- Suzanne Hunt, Examination Administrator
- Ronda Vari, Endorsement Administrator – RN
- Sally Sadek, Endorsement Administrator – RN
- Ed Gentry-- Endorsement Administrator– LPN
- Diana Merickle, Administrator – APN, Internationally-Educated Exam Applicants
- Marilyn Smith – Reinstatements
- Greg Bass – Renewals
- Jimmy Daigle – Examination Applications
- Deidre Simpson, Licensing Administrator – Refresher Programs
- Amy Thieman—Staff Support
- Sharonda Thompson--Staff Support