

Tennessee Board of Nursing



Newsletter



2011

A regulatory agency of the State of Tennessee

Vol 1, No 1

Bureau of Health Licensure and Regulation • Health Related Boards • 227 French Landing, Suite 300, Heritage Place MetroCenter, Nashville, TN 37243
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BOARD WELCOMES NEW MEMBER

The Board welcomes its newest member, Don Bell, Ph.D, APN, CRNA. Governor Phil Bredesen appointed Dr. Bell on August 4, 2010 to fill a vacated APN position. Dr. Bell graduated from the University of Tennessee Health Science Center, Memphis, TN with a DNS in December 2001. Dr. Bell is at the College of Nursing, The University of Tennessee, Knoxville. His nursing career began in 1984.

CURRENT COMPOSITION OF THE BOARD

Members	Position	Status	Expiration
Cheryl Stegbauer	Chairman	RN	09-30-2013
Carol Lynn Thompson	Vice Chairman	APN	03-31-2014
Donald M Bell	Board Member	APN	09-30-2013
Barbara Brennan	Board Member	RN	05-31-2012
Terri Bowman	Board Member	LPN	09-30-2013
Debbie Holliday	Board Member	LPN	05-31-2011
Betty J Thompson	Board Member	RN	05-31-2012
Kathleen Harkey	Board Member	Public Member	09-30-2013
Marilyn A Dubree	Board Member	RN	05-31-2012
Marian Stewart	Board Member	RN	09-30-2013
Arthur L. Thompson	Board Member	LPN	09-30-2013

BOARD MEETING DATES

February 1-2, 2011
March 16-17, 2011
April 6-7, 2011

All Board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the Board's office and are open to the public. Dates are subject to change and are listed on the Board's website.

APN NEWS

FROM DIANA'S DESK

Diana Merickle began employment with the State of Tennessee in 1995 and with the Tennessee Board of Nursing in 1999. She focuses primarily on Advanced Practice Nurse activities. Contact Diana at Diana.Merickle@tn.gov.

Diana compiled the following list of hints to help APNs process initial and renewal APN applications and updates to practice profiles and notice and formularies. To facilitate timely processing of **initial** APN applications, we suggest that the applicant mail the application materials before taking the national certification exam.

To notify the board of a supervising physician change, the APN must complete a Notice and Formulary.

- 1. Go to <http://health.state.tn.us/Licensure/Default.aspx> to verify your profile for accuracy.
- 2. Print a blank Notice and Formulary. To make changes to your profile, go to the link listed below, print the document, fill in the changes, and mail the document to the Board address listed in this newsletter's heading. <http://health.state.tn.us/Downloads/g6019027.pdf>.
- 3. A separate Notice and Formulary must be used for each supervising physician.
- 4. Unless changes/deletions are indicated on the Notice and Formulary, the Board can only add physicians to your profile. The applicant must indicate if a physician's name needs removal from the record. A physician cannot contact the Board for the applicant and state that he/she no longer supervises the applicant.
- The Board can only accept forms with original signatures. The applicant must mail an original Notice and Formulary. The Board cannot accept copies or faxes. The applicant should make copies of all their records for their reference.
- The applicant provides their RN license number on line 2. Remember that the RN license must be current to continue practicing as an APN.
- The applicant provides their Tennessee A.P.N. Certificate Number on line # 3, which is NOT the same as the National Certification number.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

As the collective voice of nursing regulation in the U.S. and its territories, NCSBN's work encompasses:

- developing the NCLEX-RN, NCLEX-PN, NNAAP and MACE examinations;
- monitoring trends in public policy, nursing practice and education;
- promoting uniformity in relationship to the regulation of nursing practice;
- disseminating data related to the licensure of nurses;
- conducting research on nursing practice issues;
- serving as a forum for information exchange for members;
- providing opportunities for collaboration among its members and other nursing and health care organizations; and
- maintaining the Nursys database, which coordinates national publicly available nurse licensure information.

National Council of State Boards of Nursing, Inc.
111 E. Wacker Drive, Suite 2900
Chicago, Illinois 60601

Phone: 312-525-3600

Fax: 312-279-1032

Or visit their website at www.ncsbn.org.

CHANGE OF ADDRESS

As required by law, report all permanent changes of address to the Board's office within 30 days of the change. Please include the following:

- name and license number;
- profession (RN, LPN, APN);
- old address and phone number;
- new address, phone number, e-mail address, and fax number; and
- signature.

Submit address changes to the Board's administrative office by any of these methods:

Fax: (615) 741-7899

Postal Mail:
Tennessee Board of Nursing
227 French Landing, Suite 300
Nashville, TN 37243

E-mail: TN.Health@tn.gov

CONTINUING COMPETENCE REQUIREMENTS

TENNESSEE BOARD OF NURSING RULES 1000-01-.14 AND 1000-02-.14

Board rules define continued competence as "the application of integrated nursing knowledge and the interpersonal, decision-making, psychomotor, communication, and leadership skills expected for the nursing practice role within the context of the public health, safety, and welfare." In other words, continued competence means the application of nursing knowledge and skills expected for practice in order to protect the public from harm.

The rules set out the standards of nursing competence. These standards enumerate the basic expectations for practice as a registered nurse and a licensed practical nurse in Tennessee. The standards of competence are separated into standards related to the nurse's responsibility to implement the nursing process and standards related to the nurse's responsibilities as a member of the nursing profession. Take time to compare and contrast the standards for RNs and LPNs.

Next, we answer the question of "How do I demonstrate competence to satisfy these rules?" First, nurses who practice full or part-time attest on their renewal application that they have maintained a file (e.g. paper, electronic) documenting evidence of continued competence. The licensee selects at least two of fifteen items from a list of options. The list is both broad and self-explanatory so nurses who practice in a variety of settings should be able to find options that are reasonable and convenient. Advanced practice nurses must maintain current national certification to meet competency requirements.

Acceptable proof of competence shall include two of the following:

- satisfactory employer evaluation;
- satisfactory peer evaluation;
- satisfactory patient/client relationship;
- contract renewal or re-appointment;
- written self evaluation based on the standards of competence;
- initial or continuing national certification (Advanced Practice Nurses must select this option);

- identification of two goals and a plan to demonstrate competency for these goals;
- volunteer work in a position using nursing knowledge, skills and ability or service relevant to nursing on a board or agency;
- participation in the education of nursing students in an approved school of nursing (RNs only);
- five contact hours of continuing education;
- published an article relevant to nursing;
- completed a two week nursing refresher course;
- completed a two week comprehensive orientation program;
- two hours of nursing credit in a approved nursing program; and
- successfully retaken the national licensure examination.

The options for nurses who have either not practiced nursing full or part-time in a five-year period or who plan not to work and wish to maintain competence are more prescriptive and are listed in a separate section of the rules. These rules should help nurses maintain competence on the front end and lessen the time needed to prepare for going back into practice when that time arises.

Lastly, it is important to note that each licensee must maintain evidence of compliance for four years from when the requirements are completed. This documentation must be produced for inspection and verification within 30 days of a written request by the board. We must have your current address so that we can reach you! Failure to either complete the continued competence activities or to falsely certify completion may subject the nurse's license to disciplinary action.

The Board's intent is for every licensee to be able to demonstrate continued competency in a flexible and easy manner. Please refer to our web site <http://health.state.tn.us/boards/Nursing/index.htm> for further information about continued competence and other topics of interest.

REMINDER ABOUT PRACTITIONER PROFILES

The Health Care Consumer Right-to-Know Act of 1998, T.C.A. § 63-51-101 *et seq.*, requires designated licensed health professionals to furnish certain information to the Tennessee Department of Health. The information for public dissemination includes: (1) A description of any criminal convictions for felonies within the most recent ten (10) years. (2) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (3) A description of any final disciplinary actions of licensing boards in other states within the most recent ten (10) years. (4) A description of revocation or involuntary restriction of hospital privileges for reasons related to competence or character that has been taken by the hospital's governing body or any other official action of the hospital after procedural due process has been afforded, or the resignation from or

nonrenewal of medical staff membership or the restriction of privileges at a hospital taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital. Only cases which have occurred within the most recent ten (10) years shall be disclosed by the department to the public. (5) All medical malpractice court judgments, all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party beginning with reports for 1998 and each subsequent year; provided, such reports shall not be disseminated beyond the most recent ten-year period, but shall include the most recent ten-year period for which reports have been filed. From the information submitted, the Department will compile a practitioner profile which is required to be made available to the public via the World Wide Web and toll-free telephone line after May 1, 1999. **Each practitioner who has submitted information must update that information in writing by notifying the Department of Health, Healthcare Provider Information Unit, within 30 days after the occurrence of an event or an attainment of a status that is required to be reported by the law.** A copy of your initial or updated profile will be furnished to you for your review prior to publication. That opportunity will allow you to make corrections, additions and helpful explanatory comments. **Failure to comply with the requirement to submit and update profiling information constitutes a ground for disciplinary action against your license.**

A blank copy of the profile may be obtained at:

<http://health.state.tn.us/downloads/g6019027.pdf>

MEDICATION AIDE CERTIFIED UPDATE

The Tennessee General Assembly passed a bill, signed into law by Governor Bredesen, creating the Medication Aide Certified (MAC) program under the Board of Nursing (T.C.A. 63-7-127, Public Acts of 2009). Since then, the Board of Nursing continues to take steps to implement the law. Following a competitive bidding process the State awarded the contract for administering the MAC examination (called MACE) to Pearson Vue. The Board adopted rules to implement the program in 2009 and adopted rules in 2010 to comply with changes in the statute.

To staff the MAC administration program, the Board hired one PHNC2 (RN), one attorney, one paralegal and two licensure technicians. Two experienced licensure techs received promotions to administrative positions to assist the new program. The MAC program, like all Health Related Boards, uses the Regulatory Board System (RBS computer tracking system) for its file automation needs.

When the full regulatory framework is complete, the Board will begin accepting applications for approval of MAC

schools, followed by the acceptance of applications for the certification of graduates of those schools.

The rulemaking notice and draft rules (prior to changes made at rulemaking hearing) are posted on the web at:

<http://health.state.tn.us/Downloads/Nurs100710rmh.pdf>

In order to become a MAC, the applicant:

- Must hold a certificate as a Certified Nurse Aide
- Must have one year of full-time employment as a Certified Nurse Aide in a nursing home or assisted care living facility for at least 365 days at the time of the application
- May not have worked at more than two (2) nursing homes or ACLF facilities in the last two years
- Must be at least 18 years of age
- May not have a felony conviction
- Shall be a high school graduate or GED-recipient
- Must complete a MAC Board-approved course
- Must pass the MACE
- Must pass a MAC Board-prescribed criminal background check and a check of the abuse registry

STATUTORY CHANGES OF INTEREST TO TENNESSEE NURSES

The 2010 Legislative Session ended in June. Several bills passed that are of interest to the nursing community. Below is a brief summary of the bills the Board would like to highlight. The entirety of the bills may be found at:

<http://www.tennessee.gov/sos/acts/index.htm>.

Public Chapter No. 663

This Public Chapter requires all physicians, dentists, optometrists, podiatrists, veterinarians, and **advanced practice nurses** with a certificate of fitness, to report a person to local law enforcement within five (5) business days if the health care provider has good reason to believe that the person has obtained controlled substances unlawfully. The Public Chapter also changes current law by providing that the health care provider must have actual knowledge that the person has obtained the controlled substances unlawfully. Further, the controlled substance database advisory committee has the authority to develop a form that health care providers may choose to use to make reports; this provision is not contained in current law. Further, the Public Chapter provides that a health care provider may, but is not required, to report this information who is providing treatment to a person with a mental illness. This Public Chapter further provides that a health care provider is not prohibited from conveying information to local law enforcement if the information was obtained from the controlled substance monitoring database as long as the information is pertinent and is for the period of time thirty (30) days prior to the date of treatment leading to the alleged offense. This thirty (30) day report is grounds to

obtain more detailed controlled substance database information. Current law provides that the health care provider would be immune from liability for notifying local law enforcement of the controlled substance information. This Public Chapter expands this by providing immunity from liability to persons working under the direction of a health care provider. The Public Chapter also amends current law by adding language to the current law providing that the penalty against a health care provider for violating the provisions of this law would be a civil penalty assessed by the licensing board that regulates the health care provider and shall be limited to cases involving a pattern of willful failure to make a report.

Public Chapter No. 865

This Public Chapter amends Tenn. Code Ann. Title 63 (Healing Arts), Chapter 2 (Medical Records), Part 1, relative to charges for copying and certifying medical records. The Public Chapter **increases the costs** of obtaining medical records from health care providers by lowering the threshold amount of pages that can be provided to a requestor for twenty dollars (\$20.00). Current law (Tenn. Code Ann. §63-2-102, Costs of reproduction, copying or mailing of records) provides that the cost for obtaining medical records shall not exceed twenty dollars (\$20.00) for medical records that do not exceed forty (40) pages; **the bill changes forty (40) page limit to five (5) pages**. Current law provides that the cost for those records exceeding forty (40) pages is twenty-five cents (\$.25) for each page. The Public Chapter changes the per page cost from twenty-five cents (\$.25) to fifty cents (\$.50) for those pages of the medical record that exceed the five (5) page limit. The Public Chapter also adds a provision that is not contained in current law providing that if the requested records are delivered by email, then the processing fee may not exceed fifty dollars (\$50.00). Mailing or shipping costs may be added on to this processing fee should the digital or electronic records be shipped to the requestor. The Public Chapter **adds** another provision indicating that the health care provider may charge a fee not to exceed twenty dollars (\$20.00) for certifying medical records that require notarization. The Public Chapter **removes** provisions contained in current law that provide that payment of the costs may be required by the provider prior to the records being furnished and that upon payment, the records shall be provided without delay. Also **removed** is a provision providing that in workers' compensation cases, a request for medical records shall include a medical or anatomical impairment rating. The Public Chapter also **removes** a provision providing that the payment requirements contained in current law will not supersede any other provision of the law that establishes costs for reproduction and copying. The Public Chapter became effective July 1, 2010.

Public Chapter No. 862

This Public Chapter amends Tenn. Code Ann. Title 63 (Professions of the Healing Arts), Chapter 2 (Medical Records), Part 1 (Release of Medical Records) and Title 68 (Health, Safety and Environmental Protection), Chapter 11 (Health Facilities and Resources), Part 15 (Protection of

Patient's Privacy), to enact the "Colby Stansberry Act" relative to the authorized release of medical records. **This Public Chapter allows a patient's authorized representative or next of kin (in the event that there is no authorized representative) to obtain the patient's medical records after the patient is incapacitated or deceased.** Current law (Tenn. Code Ann. §63-2-101, Release of medical records) already provides that a health care provider shall provide a patient or the patient's authorized representative with a copy or summary of the patient's medical records upon the patient's or authorized representative's written request. Current law does not require that the informed consent must be presented to the health care provider when the patient is alive or is competent. The Public Chapter, which **adds** a new section to current law, does not change an authorized representative's ability to obtain the patient's medical records; it **clarifies** that the authorized representative's informed consent survives the patient's death and incapacity and that a health care provider shall provide the medical records to the representative even if the representative provides the informed consent after the patient's death or incapacity. The Public Chapter also provides that **should the patient not have an authorized representative**, upon the patient's death or incapacity, **the patient's next of kin could obtain the patient's medical records.** Current law does not contain a provision authorizing the patient's next of kin to obtain the patient's medical records. The Public Chapter also adds a new subsection to the law to specify what the patient's informed consent must contain. The form must include the name of the patient; type of information; name of facility; permitted purpose; individuals, agencies, or organizations to whom disclosure may be made; signature of patient or representative; date signed; and effective time period of consent. Current law does not contain a provision about what must be contained in a informed consent. The Public Chapter also **amends current law** (T.C.A. 68-11-1503(a)(1) Confidentiality) relative to the obligations of a licensed health care facility in releasing a patient's medical records. The Public Chapter contains the same language about the release of medical records after the patient's death or incapacity that was placed in Title 63 as stated above. The Public Chapter also adds a new subsection to the law relative to licensed health care facilities to specify what the patient's informed consent must contain; the Public Chapter contains the same language as provided in Title 63 as stated above. This bill became effective April 30, 2010.

Public Chapter 1084

This Public Chapter amends Tenn. Code Ann. Sect. 63-1-149. and requires that on and after October 1, 2010, before employing or contracting with any person who would be providing direct patient care, for whom a background check has not been completed, a health care professional licensed under any chapter of title 63 or title 68, chapters 24 and 140, shall initiate and perform a "registry check" which for the purposes of this section is defined as:

- (1) A state-by-state look in any state in which the person has lived in the previous seven (7) years of the national sex offender public registry website coordinated by the

United States department of justice, including but not limited to the sexual offender registry maintained by the Tennessee bureau of investigation pursuant to title 40, chapter 39, part 2; and

- (2) Any adult abuse registry maintained for any state in which the person has lived in the previous seven (7) years; and

- (3) The department of health's elder abuse registry established pursuant to title 68, chapter 11, part 10.

Additionally, should an applicant be listed on any of the registries listed above in subdivisions (a)(1)-(3), the health care professional shall not employ or contract with the person if the person would be providing direct patient care.

A health care professional who complies with the requirements to perform registry checks under subsection (a), or relies on a documented representation provided by an entity with which the health care professional contracts that the person who will work in the office is not on any of these registries, shall not be subject to civil or criminal liability solely based upon the information provided through a registry check under this section. This immunity shall extend to a claim related to the professional's refusal to employ or contract with a person based on information obtained from a registry check.

This section is not intended to apply to contracted, external staff who provide such services as cleaning services, maintenance of office or medical equipment or other services where direct patient contact is not intended.

This section shall not apply to health care professionals licensed under title 63, chapter 12.

The department of health shall post no later than October 1, 2010 in a conspicuous location on its website as well as the website of each applicable licensing board a link to all potential databases the health care professional would be required to check pursuant to subsection (a) above. In addition, each applicable licensing board shall notify all of its licensees at least annually through board newsletters of their obligations under this statute.

Public Chapter No. 926

This public chapter amends Tennessee Code Annotated, Section 63-7-127 by adding a new subsection as follows. A licensed nurse for the purpose of this section shall include a registered nurse, a licensed practical nurse, or either one.

REVISED POSITION STATEMENTS

At its October 6-7 meeting, the Board of Nursing revised two position statements. The policy, LPN Care of Ventilator Dependent Patients in the Home Health Setting, integrates the recommendations of the Respiratory and Nursing Boards Joint Task Force on LPN care of ventilator dependent patients in home care.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: LPN Care of Ventilator Dependent Patients in the Home Health Setting

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-108 Practical Nursing Defined

The “practice of practical nursing” means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POSITION: It is the position of the Tennessee Board of Nursing that an LPN may provide home health care to a ventilator-dependent patient, but may only provide those services which fall within the scope of practice as an LPN, including:

Patient Care Responsibilities:

Monitor and maintain patient on high flow oxygen; deflate or inflate tracheostomy cuff; monitor cuff pressures using minimal leak technique; maintain security of tracheostomy patient’s airway- ties etc; disconnecting ventilator to do open suctioning; open suctioning patient while on a tracheostomy collar; use closed suction technique on a ventilated patient; use closed suction for patient on a high humidity high flow oxygen system; use a resuscitation bag to ventilate a tracheostomized patient with high flow oxygen during the suction procedure and during an emergency; change from ventilator to tracheostomy collar if circuit is preassembled and settings appropriately adjusted by RN or respiratory care practitioner; administer aerosol treatment to patient requiring disconnect of the circuit; give aerosol treatment to patients while on a tracheostomy collar; administer meter dose inhaler medication to patients while on the ventilator or tracheostomy collar; perform tracheostomy care on a

ventilated patient or patient with a tracheostomy collar; change inner cannula of tracheostomy.

Equipment Responsibilities:

Turning the ventilator on or off during modality change (for example from tracheostomy collar and back to the ventilator); respond to alarms (high pressure, leak, frequent suctioning requirement, disconnect) and troubleshoot problems associated with frequently occurring issues *in consultation with a licensed respiratory therapist.*

Not within the scope of practice of the LPN caring for ventilator dependent patients in the home care setting: Setting up and changing a ventilator or trach collar circuit; assembly of high humidity, high flow oxygen set up; application or management of speaking valve of patient on or off the ventilator; lavage of trach patient during suctioning; change HME daily on ventilator patient; adjustment of alarms; change out trach of tracheotomized patient; change ventilator settings except for on/off and standby.

Adopted September 27, 2007

Reformatted and Re-affirmed 2/2009

10/2010 in collaboration with the Tennessee Board of Respiratory Care

The Board also revised its policy for LPN care of patients in an outpatient end stage renal dialysis setting. The policy now permits IV push medications as listed may be given to patients with multi lumen catheters in the outpatient setting as long as the supervising RN is in the facility.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE: PRACTICE: Licensed Practical Nurse’s Role in an Outpatient End Stage Renal Disease Dialysis Setting

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee, clarify LPN scope of practice in the end stage renal disease dialysis setting and the responsibility of the RN for LPN supervision in this setting.

AUTHORITY: Tennessee Code Annotated 63-7-103 “Practice of Professional Nursing Defined (a) (1) “Practice of professional nursing” means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.13 UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE. (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following: (m) Failing to supervise persons to whom nursing functions are delegated or assigned;

POSITION STATEMENT: It is the position of the Tennessee Board of Nursing that a licensed practical nurse, deemed competent, be allowed to give certain intravenous push medications in End Stage Renal Disease (ESRD) outpatient settings where they are directly supervised by a registered nurse and that registered nurse is immediately available in the dialysis facility. For purposes of outpatient renal dialysis, the dialysis circuit is considered a peripheral line. Competency, obtained through appropriate coursework, must be documented in the employee's personnel record. Medications that may be administered by the competent LPN include: drugs that are legally permitted, recombinant human erythropoietins, Vitamin D analogs, anticoagulants, 0.9% sodium chloride and iron.

This policy applies only to practice in the licensed outpatient ESRD dialysis setting under the direct supervision of RN. The supervising RN is accountable and responsible for the delegation of this treatment.

Adopted 12/03
Reformatted and Reaffirmed 02/2009
Revised and Approved 10/7/2010

MDS 3.0 VOTE

The Board voted to issue a position that all members of a long term health care team, including LPNs, may complete appropriate portions of the MDS 3.0 form. A RN must be responsible for verifying the accuracy of the document with his/her signature..

NOTE: A formal position statement has been approved by the Board on February 2, 2011.

POSITION: It is the position of the Tennessee Board of Nursing that a licensed practical nurse may contribute to the completion of the MDS Assessment and document his or her findings. The LPN may act in the role of MDS Coordinator as long as a registered nurse supervises the LPN and signs the document, electronically or on a paper form. The LPN MDS Coordinator may coordinate the contributions of unlicensed nursing staff and other disciplines on the form.

UPDATES TO EMPLOYERS ENDORSEMENT POLICY

The requirements for a temporary authorization to practice nursing and for a license to practice nursing are the same in most respects, including the need for a Criminal Background Check (CBC).

Beginning January 1, 2011, the Tennessee Board of Nursing will require the results of a CBC prior to issuing a license or a temporary authorization (permit/letter).

Please make your hiring and credentialing personnel aware of this so that they can tell potential hires who are not already

licensed in Tennessee. Applicants for a license or a temporary authorization should know that it may take several months to get the results of a CBC depending upon the manner in which fingerprints are obtained.

To expedite the licensure process, the Board recommends the applicant take the following steps:

1. **Download, complete and mail the endorsement application**—Go to www.tn.gov/health , click on health care professionals, Health Related Boards, nursing, click on application and choose RN or LPN as needed.
2. **Register for CBC**—Type www.cogentid.tn in browser, click on Cogent Fingerprint Services and register online. Note that the **ORI # for Tennessee is TN920290Z**. Enter the **OCA for Tennessee: RNs enter 1703, LPNs enter 1704**.
3. **Apply for Verification**—Follow instructions included on endorsement application

LICENSING STATISTICS

The Board of Nursing issued over 7,000 new RN and LPN licenses and APN certificates in 2009. There are approximately 115,694 licensed nurses who hold a current, active Tennessee nursing license including 79,024 Registered Nurses, 29,020 Licensed Practical Nurses, and 7,650 Advanced Practice Nurses.

LICENSURE DATA: RN, LPN, APN

	Registered Nurse	Licensed Practical Nurse	Advanced Practice Nurse
Active	79,024	29,020	7,650
Inactive	1,327	422	18

ADVANCED PRACTICE NURSES Active

October 2010	CNS	CRNA	NM	NP	Total
Authority to Prescribe	97	749	116	5,268	6,230
No Authority to Prescribe	22	1506	8	66	1,602
Total	119	2,255	124	5,334	7,832

NEW SCHOOL APPROVAL: 2000-2010

	APPROVED	DENIED	DEFERRED
RN	18	2	2
PN	16	4	1
MASTERS	8	2	1
TOTAL	42	8	4

STUDENT LOAN DEFAULT LEADS TO LICENSE SUSPENSION

Pursuant to Tenn. Code Ann. § 63-1-141, the Tennessee Student Assistance Corporation (TESAC) must provide the Board of Nursing with a Final Order finding a nurse in default in paying his or her state or federal educational loan or service-conditional scholarship. The Board of Nursing adopted a policy consistent with the law to INDEFINITELY SUSPEND the nursing license of those nurses reported to the Board by TESAC, as a result of failure to pay in full or make satisfactory arrangements to pay over a reasonable period of time. To date approximately 50 nurses have had their licenses suspended indefinitely.

DISCIPLINARY ACTIONS BY YEAR

	'04	'05	'06	'07	'08	'09	'10
RN	56	89	90	87	104	176	155
LPN	49	76	66	58	80	113	90
APN	0	0	1	2	7	3	21
Unlicensed	--	--	--	3	3	2	1
Total	105	165	157	150	194	294*	267

*does not reflect 3 unlicensed individuals who were fined and 1 nurse who was denied an appeal

BOARD STAFF

For any questions regarding this newsletter or any other nursing-related topic, feel free to contact the staff of the Tennessee Board of Nursing at 1-(800)-778-4123, or 615-532-5166.

Elizabeth Lund, Executive Director
Martha Barr, Nurse Consultant – School Approval
Donna Fairchild, Nurse Consultant – Practice and Discipline
Anne Massieu, Nurse Consultant – MAC Program
Joan Harper, Administrative Director
Suzanne Hunt, Examination Administrator – RN and LPN
Ronda Vari, Endorsement Administrator – RN
Sally Sadek, Endorsement Administrator – RN
Ed Gentry-- Endorsement – LPN
Diana Merickle, Administrator – APN, Foreign-Educated
Exam Applicants
Marilyn Smith – Reinstatements, Front Desk
Greg Bass – Renewals
Charles Custer – Examination Applications
Howard Walsdorff – Verifications
Jean Stone – Screening Panels, Application Review
Committee
Deidre Simpson, Licensing Administrator – Refresher
Programs

For helpful information on a variety of topics, the Board staff recommends the following websites for our readers' consideration:

- Board of Nursing Home
<http://health.state.tn.us/boards/Nursing/index.htm>
- Licensure and Education Information
<http://health.state.tn.us/boards/Nursing/education.htm>
- Complaints, Disciplinary Actions and Peer Assistance
<http://health.state.tn.us/boards/Nursing/complaints.htm>
- Applications, Publications, and Information
<http://health.state.tn.us/boards/Nursing/applications.htm>
- Health Care Professional License Verification
<http://health.state.tn.us/licensure/default.aspx>
- Abuse Registry
<http://health.state.tn.us/AbuseRegistry/default.aspx>

