

| Volume 15 | Number 2 | Spring 2017 |

DAKOTA NURSE

C O N N E C T I O N

**Celebrate 100 years of Nursing
Presence in South Dakota**

**NDBON Nursing Education
Annual Report**

NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING



Your chance
to make a
difference.

JOIN OUR TEAM.

Sanford Health knows that nurses are an essential, integral part of our health care team. As we continue to expand and grow across the Upper Midwest, we have an amazing range of nursing positions available and are looking for innovative, compassionate people to fill those roles.

Learn why Sanford is a preferred place to work.

Visit sanfordhealth.jobs today.

Your Calling.
YOUR PLACE.

SANFORD[®]
HEALTH

DAKOTA NURSE C O N N E C T I O N

SPRING 2017
EDITION 58

8 Notification of Amendments to ND NPA

12 NDBON Nursing Education
Annual Report

24 Spotting Signs of Drug Diversion

26 Safety Sensitive Positions:
Are You at Risk?



SOUTH DAKOTA HIGHLIGHTS

- 4 Message from the Executive Director
- 19 South Dakota Board of Nursing Meeting Highlights
- 21 Full Practice Authority for Certified Nurse Practitioners and Certified Nurse Midwives
- 22 Celebrate 100 years of Nursing Presence in South Dakota

NORTH DAKOTA HIGHLIGHTS

- 5 Message from the Executive Director
- 7 North Dakota Board Highlights
- 8 Notification of Amendments to the North Dakota Nurse Practices Act 43-12.1
- 9 Attention – Check Your UAP/MA Expiration Dates

Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.



pcipublishing.com

Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Victor Horne • 1-800-561-4686
vhorne@pcipublishing.com

ThinkNurse.com

The *Dakota Nurse Connection* is published by the South Dakota and North Dakota Boards of Nursing.
Direct *Dakota Nurse Connection* questions or comments to:

South Dakota Board of Nursing,
4305 S. Louise Ave., Suite 201, Sioux Falls, South Dakota 57106-3115 • 605-362-2760

North Dakota Board of Nursing,
919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504-5881 • 701-328-9777



A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Greetings to all of our Readers of the Dakota Nurse Connection,

During this 100th Anniversary year of the Board of Nursing, I cannot help but reflect on the history of nursing regulation in South Dakota. The personal histories of our predecessors, contemporaries and successors continue to cocreate the history of nursing regulation in our state. Mrs. Elizabeth Dryborough from Rapid City, SD, was the first Executive Secretary of the South Dakota Board of Nursing. My message this quarter is a reflection on the early days of the Board of Nursing under the direction of Mrs. Dryborough.

Mrs. Elizabeth Dryborough, an early pioneer of professional nursing in South Dakota along with seventeen other nurses from around the state created the South Dakota State Nurses' Association of Graduate Nurses. The first meeting of this group was held in Rapid City in 1916, and formed the basis for the present day South Dakota Nurses Association. Mrs. Dryborough served as the first President of the association. One of the first orders of business was to formulate a nurse practice act and present it to the state legislature in the form of a bill. This bill was enacted by the legislature and signed into law by then Governor Peter Norbeck. A letter from Secretary of State, Frank Rood, dated March 7, 1917, was sent to Elizabeth Dryborough informing her that "the bill relating to Registration of Nurses was approved and signed by the Governor on January 24, 1917." Another letter from Secretary Rood to Mrs. Dryborough dated July 7, 1917, identifies that Johanna Hegdahl of Redfield, SD, Clara Ingvalson of Flandreau, SD, and Elizabeth Dryborough of Rapid City, SD, constituted the South Dakota State Nurses' Examining Board. On July 13, 1917, Mrs. Dryborough was informed by the Executive Department

that Governor Norbeck selected Dr. Park Jenkins of Waubay, SD (member of the State Board of Health), to also act on the Nurses Examining Board. The four members of the SD State Nurses' Examining Board held the inaugural meeting of the Board of Nursing in Pierre, SD, on July 20, 1917. Clara Ingvalson was named President and Mrs. Elizabeth Dryborough was named Secretary-Treasurer. During the early days of the Board of Nursing, the Board member elected as Secretary-Treasurer of the Board became the Executive Secretary. Mrs. Dryborough was initially paid a salary of \$65 per month. Financial statements from 1917 demonstrate that she traveled by train to Pierre for meetings at a cost of \$13.98. One financial entry lists expenses for board members including travel to and from Pierre and three days of compensation totaling \$28.48.

The registration of nurses began on August 1, 1917. It is recorded that forty eight nurses were initially registered under the terms of the new law. On April 11, 1931, Mrs. Dryborough reported to Governor Warren Green, that certificates of registration were issued to 1,973 graduate nurses since the inception of the Board. In 1920, the first copy of the required nursing education curriculum was published by the Board of Nursing. A three year period of instruction was required and students had to be 18 years of age in order to enroll. High school graduation did not become a requirement until 1933. Licensure would not become mandatory until 1955.

Graduate nurses were examined in anatomy and physiology, materia medica, pediatrics, obstetrics, communicable diseases, surgical nursing, medical nursing, hygiene and bacteriology, dietetics and nursing ethics. Each candidate was given 10 questions in each subject for a total of 100 questions. The passing grade was

a general average of 75%. There was a \$10.00 fee to write the State Board Examination. The exams were given in Pierre, SD, in January and May of each year. The report to Governor Warren also indicates that the Board issued student nurse certificates for admission to schools of nursing.

Mrs. Dryborough was an advocate for quality nursing education. In a report to Governor Carl Gunderson in 1926, Mrs. Dryborough reported that "there is much to be accomplished through the better living conditions of students, better instruction, supervision and shorter hours on duty". She reported that twenty schools of nursing were recognized by the Board of Nursing and that eighteen of the schools had been visited by the Board. She indicates in her report that the physical facilities have improved and that progress has been made in standardizing the nursing equipment and providing better teaching facilities as a whole. Mrs. Dryborough finished her tenure at the Board of Nursing in 1930.

As the current Board of Nursing looks forward to celebrating the 100th Year of Nursing Regulation in South Dakota, we invite you to save **September 22, 2017**, to celebrate this important milestone with us. In the next addition of the Dakota Nurse Connection, we will let you know the details. Have a great Spring and I will be in touch again this summer.

Sincerely,

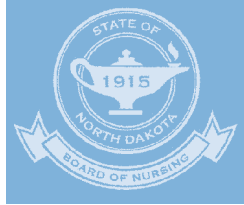
Gloria Damgaard, Executive Director

Sources:

Erickson, R. Esther. *Nursing History in South Dakota*
 South Dakota State Nurses' Examining Board Financial Report, July 30, 1917-August 31, 1930.
 1926 and 1930 Biennial Report of the State Nurses' Examining Board to the Governor.
 Correspondence Retrieved from the South Dakota State Archives



A message from the Executive Director



Stacey Pfenning, DNP, APRN, FNP
North Dakota Board of Nursing

Greetings and welcome to the Spring edition of the *Dakota Nurse Connection*, the official publication of the North Dakota Board of Nursing (NDBON).

Nurse Licensure Compacts

During ND's 65th Legislative Assembly, the NDBON introduced HB 1096 to enact the APRN Licensure Compact and HB 1097 to enact the enhanced Nurse Licensure Compact (NLC). In January, both bills passed in the House Floor. In February, a collaboration with the FBI Criminal Justice Information Law Unit, ND Bureau of Criminal Investigations, Board legal counsel, and NLC legal counsel resulted in amendments to the NPA 43-12.1-09.1 Nursing licensure or registration-Criminal history record checks. The amendments clarify criminal history record checks for multi-state licenses, and to add a statement that the board may not share or disclose results of criminal history record check to the interstate commission of nurse licensure compact administrators. Both bills with amendments to the NPA passed the Senate in March and the concurred in the House in April. As of April 14, 2017, Governor Burgum officially signed both nursing licensure compact bills. See the article titled, "Notification of Amendments to the North Dakota Nurse Practices Act 43-12.1" for more details.

The enhanced NLC will be implemented once 26 states enact or by December 31, 2018. To date, 15 states have enacted the enhanced NLC and 16 states with

pending legislation in 2017. The APRN Licensure Compact will be implemented once 10 states enact, and there are 3 states that enacted in 2016-2017 and 2 with legislation pending.

2015-2016 Annual Report Overview

The NDBON approved the 2015-2016 Annual Report during the January convened meeting. This report is available at www.ndbon.org. Highlights of the NDBON Annual Report include the following:

- Total number of licensed nurses: 19, 254
 - 3, 567 LPN
 - 14,268 RN
 - 1, 264 APRN
 - 150 APRN only-RN in other compact state
 - 5 SPRN (Specialty Practice RN)
- Nursing Education Loan Program disbursements: \$81, 542
- Approved 102 continuing education programs for nurses
- Completed 196 continuing education audits for license renewal.
- Investigative & Disciplinary statistics: 143 potential violation reports received
 - Non-Discipline Dispositions: 34 Dismissals & 70 Letters of Concern
 - Disciplinary Actions: 15 reprimands, 10 probations, 10 suspensions, 1 stayed suspension, 7 emergency suspensions, 11 Surrenders, 4 denial of licensures, and 6 cease and desists

Committees

The NDBON is currently seeking applicants for the Advisory Panel. Please visit the NDBON website to review qualifications and application form instructions if you are interested in being considered for participation on regulatory issues as deemed necessary by the Board and/or Directors. Please note, Advisory Panel participation is open to all disciplines and public members. Participation is voluntary and specific terms of participation will be detailed as select members are contacted for opportunity to contribute to a regulatory issue.

In April 2017, the NDBON provided announcements seeking an APRN Board Member and a Public Board Member. Clara Sue Price, current Public Member, will be fulfilling her second term in June 2017. Paula Schmalz, current APRN Board Member and Board Treasurer, will complete her term in June 2017. The Board is thankful for the dedication and service provided by both Clara Sue and Paula.

The ND Board of Nursing will continue to post news on licensure, education, practice, and pertinent legislative activities on the ND Board of Nursing website. Watch for the Summer edition of the *Dakota Nurse Connection* as the Board and staff continue to provide regulatory updates and publications.

Sincerely,
Dr. Stacey Pfenning DNP APRN



North Dakota Board of Nursing Officers and Members

PRESIDENT

Jane Christianson, RN, Bismarck

VICE PRESIDENT

Michael Hammer, RN, Velva

TREASURER

Paula Schmalz, APRN, Fargo

Clara Sue Price, Public Member, Minot

Janelle Holth, RN, Grand Forks

Mary Beth Johnson, RN, Bismarck

Bonny Mayer, LPN, Minot

Wendi Johnston, LPN, Kathryn

Jamie Hammer, RN, Minot

MISSION

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

NDBON Contact Information

ND Board of Nursing

919 S 7th St

Suite 504

Bismarck, ND 58504-5881

Phone: 701-328-9777

Fax: 701-328-9785

Email: contactus@ndbon.org

NORTH DAKOTA BOARD OF NURSING 2017 BOARD MEETING DATES

January 19, 2017

March 23, 2017

May 18, 2017

July 20, 2017 Annual Meeting

Please note:

All ND Board of Nursing meetings are held in the board office conference room, 919 South Seventh Street, Suite 504, Bismarck, ND.

All board meetings are open to the public and observers are welcome to attend. The agenda for each board meeting will indicate the time and place for the board meetings. The agenda is available one week prior to each board meeting.

As a service to the citizens of North Dakota, the Board of Nursing provides a PUBLIC FORUM during each board meeting. This is a time when anyone may address the board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the board meeting. The time of the Public Forum for the 2016-2017 board meetings is 9 a.m. of each board meeting.

ND Board of Nursing Office Security Announcement

The NDBON implemented new office security including entrance control. If you plan to visit the Board office, please consider the following:

1. A visit to a Director requires an appointment. To schedule an appointment, call 701-328-9777
2. Email items to contactus@ndbon.org or fax to 701-328-9785.
3. If you do plan to visit the Board office, you will need to push the buzzer at the door, state your name and the reason for the visit prior to admittance.
4. If you have any questions, please call 701-328-9777

NORTH DAKOTA BOARD OF NURSING

“CARDLESS” FOR PUBLIC SAFETY

Wallet licensure cards are no longer issued for:

RN & LPN Renewal
License by Examination
License by Endorsement
UAP/Technician/Medication Assistant III

www.ndbon.org

NURSES *Have you moved recently?*

Update your address on the N.D. Board of Nursing
Web site: www.ndbon.org
Choose **Demographic Updates** under **Nurse Licensure**

LICENSURE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to www.ndbon.org
Choose “Verify”
- Nursys® QuickConfirm at www.nursys.com
 - Look up a license from any QuickConfirm participating board of nursing and print/download a report with the licensure and discipline status information for that nurse.
- Nursys® E-Notify at www.nursys.com
 - **Institutions:** Enroll your entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.
 - **Nurses:** Sign up to receive license expiration reminders and status updates via email or SMS for all your licenses from e-Notify participating boards of nursing.

NORTH DAKOTA BOARD HIGHLIGHTS

January 2017

- Board reviewed and accepted strategic plan progress report for July 1 through December 31 2016.
- Board accepted the draft 2015-2016 Annual Report. The approved report will be submitted to the governor's office as required by law as a report of board activities for previous fiscal year.
- Board approved the following related to University of Mary Nursing Programs interim paper survey:
 1. Find the University of Mary Nursing Education Programs in substantial compliance with ND Administrative Code 54-03.2 standards for nursing education programs; and
 2. Grant full approval of the University of Mary Baccalaureate and Graduate Degree Nursing Education Programs until January 2022, and require an onsite survey in 2022; and
 3. Require the University of Mary Nursing Education Program's nurse administrator to submit a compliance report by March 1, 2017 to address the issues of partial compliance with North Dakota Administrative Code 54-03.2 standards for Nursing Education Programs: 54-03.2-04-04.1 Doctoral Degree Nurse Education Program faculty qualifications.
- Board approved the DNP Dakota College at Bottineau program request for change in delivery format as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02. programmatic changes.
- Board approved the programmatic change submitted by United Tribes Technical College AASPN Program which was recommended by the board as the programmatic change is in compliance with NDAC 54-03.2-06-02. programmatic changes.
- Board reviewed and accepted the draft 2015-2016 Nursing Education Annual Report after review by program nurse administrators
- Board motioned to forgive the remaining balance of the nursing education loan for Joseph Vetter due to active duty military deployment as allowed by NDAC 54-04-1-04-06. Loan forgiveness for military deployment.
- Board directed the Executive Director to work with the governor's office as requested on nursing workforce issues. Discussion: Pfenning was requested to attend a meeting related to nursing workforce shortage with ND University systems Chancellor Hagerott, Chancellor, Vice Chancellor Richard Rothaus, Dr. Lisa Feldner and Lisa Johnson. Buchholz also attended meeting. The meeting was called to discuss Governor Burgum's concerns related to the nursing shortage. Pfenning distributed a table of issues and ideas/solutions for Nursing Education in ND that had been shared with the group and indicated she participated in the ND Hospital Associations Workforce Committee in 2016. The Board of Nursing has been asked to assist the governor's office in solutions for addressing the nursing shortage. Pfenning suggested representation from CUNEA. The board also discussed recent headlines related to the possible closure of Dickinson State University's nursing programs due to potential budget cuts.
- Board reviewed an update on the Family Planning Clinics and Standing Orders as discussed at the November board meeting. The Board of Medicine met November 17th and made the same determination as the board of nursing that the standing orders by Dr. Dwelle were acceptable in the treatment of chlamydia and gonorrhea. Pfenning and Dr. Dwelle discussed APRNs potentially signing DOH standing Orders. After review of NPA, directors indicated the APRN signing standing orders without evaluating the client is NOT recommended. Future considerations for the board will be discussion of telehealth options and the upcoming change in State Health Officer position if that position is not filled by a physician.
- Board reviewed final rules from the Department of Veterans Affairs (VA) to permit full practice authority of three roles of VA APRNs (NP, CNM, CNS) when acting within the scope of their VA employment. CRNAs will not be included in VA's full practicing authority under this final rule, but comment is requested on whether there are access issues or other unconsidered circumstances that might warrant their inclusion of future rulemaking.
- Pfenning indicated the enhanced Nurse Licensure Compact (HB1097) and the Advanced Licensure Compact (HB1096) both received a do pass from House Human Services Committee 14/0. There were concerns related to a "borrowing authority" clause that was noted in a Physical Therapy Compact. Rick Masters, Attorney for NLC provided information to the committee related to the clause which satisfied the concerns. The board also discussed the APRN licensure compact requirement for graduate level preparation for APRNs. It was noted that the compact language ONLY relates to whether an APRN can hold a compact license or single state license and DOES NOT set standards for APRN licensure in ND. A currently licensed APRN with a non-graduate degree can continue to be licensed, but would not qualify for a multistate APRN license when the compact is enacted. Ten states must pass the APRN compact in order for the APRN compact to be enacted.
- Board reviewed letters of endorsement from the ND Hospital Association Workforce Committee for the Interstate Medical Licensure Compact, the Physical Therapy Licensure Compact (HB1157),

continued on page 8

continued from page 7

the Enhanced Nurse Licensure Compact and Advanced Practice Registered Nurse Compact. Other compacts being enacted in other states include Psychology Compact and EMS Compact.

- Lonnie Grabowska from ND Bureau of Criminal Investigation (BCI) was present to discuss the ND Department of Health

progress towards implementing Medical Marijuana (Measure 5), known as the Compassionate Care Act. The board reviewed a press release from the Department of Health, and will follow closely the progress as it relates to nursing practice and regulation.

- ND Center for Nursing hosted a presentation on Scope of Practice

and Delegation by Pfenning & Hill on December 14, 2016. Presentation webinar available at the following links: Video Presentation: <https://youtu.be/1GWMDLwDjhg>; Presentation Slides: <http://www.ndcenterfornursing.org/wp-content/uploads/2016/12/Pfenning-ScopeofPractice.pdf>

For more detailed minutes, visit www.ndbon.org

Notification of Amendments to the North Dakota Nurse Practices Act 43-12.1

During the 65th Legislative Assembly, the ND Board of Nursing introduced the enhanced Nurse Licensure Compact (HB 1097) and the APRN Licensure Compact (HB 1096). During the legislative process, the ND Board of Nursing and Nurse Licensure Compact legal counsel collaborated with ND Bureau of Criminal Investigation and FBI Criminal Justice Information Law Unit to provide required amendments to 43-12.1-09.1 to safeguard criminal history record check results and reflect ability for the Board to issue multistate licenses. The following is the newly enacted amendment.

43-12.1-09.1. Nursing licensure or registration - Criminal history record checks. The board shall require each applicant for initial licensure and registration, **including applicants for a multistate license under section 1 of this Act**, to submit to a statewide and nationwide criminal history record check. The board may require any licensee or registrant who is renewing a license or registration, **including renewal of a multistate license under section 1 of this Act**, and any licensee or registrant who is the subject of a disciplinary investigation or proceeding to submit to a statewide and nationwide criminal history record check. The nationwide criminal history record check must be conducted in the manner provided by section 12-60-24. All



State of North Dakota
Office of the Governor
Doug Burgum
Governor

In April 2017, both compact bills passed with the NPA amendments and were officially signed by Governor Burgum. The compacts will be enacted once 26 states adopt the enhanced NLC and 10 states enact the APRN Licensure Compact. To date, 15 states enacted the enhanced NLC and 16 states have pending legislation; and 3 states enacted the APRN Licensure Compact and 2 states have pending legislation.

costs associated with obtaining a background check are the responsibility of the applicant, licensee, or registrant. The board may grant a nonrenewable temporary permit to an applicant for initial or renewed license or registration who submits to a criminal history record check as required by this chapter

if the applicant has met all other licensure or registration requirements in accordance with subsection 2 of section 43-12.1-09. **The board may not share with, or disclose to, the interstate commission of nurse licensure compact administrators any contents of a nationwide criminal history record check.**

ATTENTION –CHECK YOUR UAP/MA EXPIRATION DATES

UNLICENSED ASSISTIVE PERSON/TECHNICIAN AND MEDICATION ASSISTANT III EXPIRATION/RENEWAL

- ◆ Unlicensed Assistive Person/ Technician and Medication Assistant III who have a registration expiration date of June 30, 2017 will be mailed postcards in April 2017 notifying them to go to the ND Board of Nursing website (www.ndbon.org) for renewal. **RENEWAL WILL ONLY BE AVAILABLE ONLINE. NO PAPER RENEWALS WILL BE AVAILABLE.**
- ◆ Failure to receive a renewal notice does not relieve an Unlicensed Assistive Person/Technician or Medication Assistant III of the obligation to renew his/her

registration before the expiration date.

- ◆ Unlicensed Assistive Person/ Technician and Medication Assistant III have the responsibility of notifying the ND Board of Nursing of any address changes.
- ◆ If an Unlicensed Assistive Person/ Technician and/or Medication Assistant III assists in the practice of nursing without a current registration, he/she may be assessed additional fees.
- ◆ The Unlicensed Assistive Person/ Technician/Medication Assistant

- III will be required to validate continued competency by providing one of the following:
- Current Employer Verification - Current Employers Name, City, State
 - Past Employment Verification – (employment must have occurred in the last two years) Past Employers Name, City, State and Dates of Employment
 - Verification of current certification or registration by board-recognized national bodies.

- Emergency Department
- Telemetry
- ICU/SCCU
- General Surgical
- Orthopedics
- Rehab
- Float Pool
- Psychiatry
- NICU
- Family Birthing Center
- Women & Children
- Oncology/Renal
- Renal Dialysis
- Surgery
- Same Day Surgery
- Ambulatory Procedures
- Case Management
- Clinic Office Nurses
- Nurse Practitioners

I am Altru

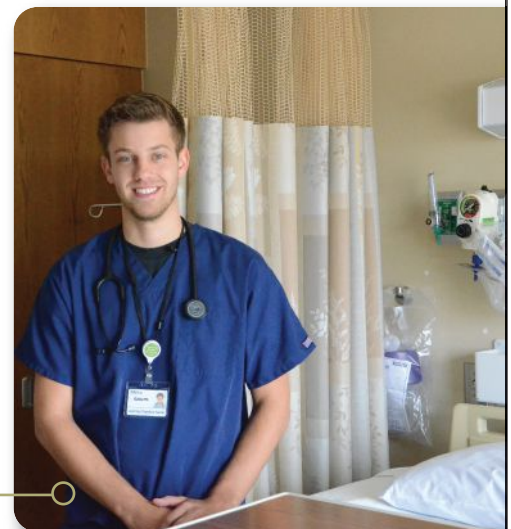
Do what you love. Make a difference. Join our team!

Achieve your goal of helping others when you start your career with Altru Health System in Grand Forks, ND. Altru, a progressive, non-profit, integrated health system offers a comprehensive benefits package to all of its full and part-time employees. Altru has great nursing opportunities for experienced nurses and new graduates!

I AM ALTRU

“I live by the Altru standards and always remember our patients come first.”

- Gabe | Registered Nurse



For information on opportunities within Altru Health System, call 701.780.5107 | hr@altru.org | altru.org/careers | [LinkedIn](#)

Frequently Asked Questions

Requirements for Licensure by Examination

APPLICATION PROCESSING**When am I made “Eligible for Licensure by Examination”?**

In order to be made eligible to test **AND** be issued a work authorization to practice as a graduate nurse, the following must be received in the board office:

- ◆ On-line application for license by examination and \$130.00 nonrefundable fee (\$110.00 application fee and \$20.00 CHRC Fee) payable by credit or debit card, PayPal account or checking account routing numbers.
- ◆ Official transcripts from nursing program with the degree posted; **and**
- ◆ Registration from NCLEX Candidates Services for testing (\$200.00 fee required)

What do I do if I have a name or address change?

Address and name changes can be made on this website under NURSE LICENSURE, DEMOGRAPHIC UPDATES.

What are the payment options and what do I do if I do not have a credit card or debit card?

You may use a Visa, MasterCard or Discover credit or debit cards, checking account information, or a PayPal account. If you do not have any credit cards or a bank account, you can purchase a Visa, MasterCard or Discover gift card at many banks or credit unions or at discount stores such as Walmart and CVS Pharmacy for the purpose of paying for the on-line application.

What if I am claiming another compact state as my primary state of residence?

If you claim another compact state as your primary state of residence, you will need to apply for license by examination in your primary state of residence. If you change your primary state of residence at a later date, you can apply for license by endorsement in ND. See www.ncsbn.org for a current list of compact states.

SCHEDULING TO TEST**When can I schedule my appointment?**

An Authorization to Test (ATT) is required to schedule your appointment. Once you've been made eligible for licensure by examination by the Board of Nursing, your ATT will be e-mailed to you by Pearson Vue.

How long is the ATT valid?

The authorization to test is valid for ninety (90) days.

How soon will I be able to test?

You are guaranteed to be offered a testing date within thirty (30) days of the time you call the Pearson Test Center. If the test center offers a date within the 30 days and you decline that date, the test center has met their contractual obligation. Please contact the board office if you have any problems scheduling your test.

What happens if I need to reschedule?

If you need to change your appointment, you must contact NCLEX Candidate Services one full business day (24 hours) prior to your scheduled appointment.

Is there a practice test?

Yes, there is a tutorial available on the test vendor website at www.pearsonvue.com/nclex.

WORK AUTHORIZATION AND PRACTICE AS A GRADUATE NURSE**When do I get my Work authorization to practice as a graduate nurse?**

When the ND Board of Nursing has made you eligible for licensure by examination, your work authorization will be issued. A paper work authorization will not be mailed. Your work authorization number, issue date and expiration date will be posted on our website. You can check our

website at www.ndbon.org – click on the Verify Tab.

When can I start working as a graduate nurse?

Your work authorization must be issued before you start practicing as a graduate nurse or attend any orientation sessions.

How long is a work authorization valid?

The work authorization is valid for 90 days, or until you are notified of the test results, whichever occurs first.

Can anyone get a work authorization?

You must complete the application for licensure process within sixty (60) days of graduation in order to be eligible to receive a graduate nurse work authorization.

Will I receive a work authorization by mail?

No. Work authorizations will be posted on our website for applicants and employers to access.

CRIMINAL HISTORY RECORD CHECK**How do I apply for a criminal history record check (CHRC)?**

After you complete your application for licensure by examination, click on the Criminal History Record Check link. Print and complete the CHRC Form provided on the link and CAREFULLY follow the instructions for fingerprinting as listed under Option #1 or Option #2.

How long does the fingerprinting process take?

Both federal and state checks will be performed. If fingerprints are not adequate for identification purposes for BCI, new cards will be required for a second set of prints. If the second set of prints are not adequate for identification purposes, a name search will be requested. Processing time averages ten days if first set of fingerprints are adequate.

OBTAINING RESULTS AND LICENSURE

How soon will my results be available?

Your unofficial examination results are available through NCLEX Quick Results Service offered by the test service. You can access your unofficial results via the internet at www.pearsonvue.com/nclex and sign in with a user name and password. Choose "Current Activity", then "Recent Appointments", and then "Status". After entering a credit card number the unofficial results will be displayed. The fee for this service will be listed on the website. Your credit card will only be charged if your results are available.

The examination results are mailed to you from the board office within 7 days of your testing. The board office makes every effort to mail the results within 48 hours of your testing. **DO NOT CALL** the board office for your test results, as we are unable to release them over the phone or to your employer. If you pass, you will receive a license to practice as a nurse.

Your Criminal History Record Check must be completed prior to your license being issued.

Can I find out if I passed or failed using the board's website?

You can access the board's website to see if a license has been issued. If a license is not showing for you, it does not necessarily mean that you've failed. It is possible that a license has not yet been issued for you. After the results have been processed, the license verification will show a license number if you passed, or the work authorization will be expired if you failed. **DO NOT CALL** the board office for confirmation, we cannot release pass/fail results by phone.

Can I start practicing as a nurse once I received my unofficial results that I passed?

No. You cannot start practicing as a nurse until you have been issued a license by the board of nursing. Licenses can be viewed in the "Verify" Section of the Board website.

When will my license expire?

Effective 4/1/2014, applicants for initial license by examination shall receive a license expiring on 12/31 of the following year as part of the application fee.

What if I fail?

If you fail, you will receive a diagnostic profile of your areas of weakness, and the required documents to submit for retesting. You are able to retest 45 days after your original test date. The retesting application can be submitted on-line prior to that date for processing.

Can I continue to work as a graduate nurse if I fail the NCLEX?

No. Your Graduate Work Authorization becomes invalid when you receive the examination results. A candidate who fails the licensing examination may not be employed in a position with functions that are usually assigned to licensed nurses. You are NOT able to continue to practice as a graduate nurse.

Do it for him.

Your love of nursing is seen by those that you're surrounded by—your patients, your coworkers, and even your children. You can take that passion to the next level with a degree at the **University of Mary**.

We offer affordable, flexible, and accredited online degrees in:

RN to BSN

MSN: Nurse Leadership & Management

MSN: Nurse Educator

MSN: Nursing & Healthcare Informatics

MSN/MBA: Healthcare Administration Dual Degree

DNP: Family Nurse Practitioner



 **UNIVERSITY**
of MARY | *for Life.*

Enroll Today 800.288.6279 enroll@umary.edu umary.edu/msn

NDBON Nursing Education Annual Report

Fiscal Year 2015-2016

Summary and Analysis

*Tammy Buchholz, MSN, RN, CNE
Associate Director for Education, NDBON*

The following is a summary of the 2015-2016 fiscal year NDBON Education Annual Report submissions from all pre-licensure nursing education programs approved by the North Dakota Board of Nursing. Included in this report are tables with selected data trends since 2009. The full 2015-2016 Education Annual Report is available on the NDBON website at <https://www.ndbon.org/Education/AnnualRpt.asp>.

Nursing Education Programs in North Dakota:

In fiscal year (FY) 2015-2016, fourteen North Dakota colleges and universities had a total of twenty-three pre-licensure nursing education programs that held approval from the North Dakota Board of Nursing (NDBON). This number reflects inclusion of a consortium* of four colleges, each offering a practical nurse (PN) and registered nurse (RN) program for a total of eight of the twenty-three programs in the state. There were three graduate level nursing education programs designed to educate for advanced practice registered nursing (APRN) licensure. There were six approved baccalaureate nursing education programs and five associate degree nursing education programs designed to prepare individuals for RN licensure. Additionally, there were five approved associate degree programs and four certificate programs providing educational preparation for PN licensure. Concordia College located in Moorhead, Minnesota, also holds NDBON approval. Many of the programs in the state also offer outreach sites in various urban and rural communities to enhance access to their programs.

***Dakota Nursing Program (DNP) consortium includes the PN and RN programs at Williston State College (WSC), Bismarck State College (BSC), Lake Regions State College (LRSC) and Dakota College at Bottineau (DCB).**

Innovative Nursing Education Model/ Approach:

In March 2015 Lake Region State College (LRSC), Dakota Nursing Program Consortium (DNP) partner, became the first program in the state to submit an application and receive approval from the NDBON for an Innovative Nursing Education Model/Approach. The approved Paramedic to Nurse Bridge Program provides certified/licensed paramedics the option of obtaining their associate degree preparing them for RN licensure.

The program began accepting students into the first cohort May 1, 2015 with a planned completion date of May 2016. In March 2016, the program requested and received approval from the NDBON for the inclusion of the completion option of a PN Certificate in addition to the original approved completion option of articulation into an associate degree RN program.

Four students enrolled in the paramedic to nurse bridge program and started in January 2016. One student dropped the course early due to time management issues. Three students graduated and received their certificate in practical nursing. Two students wrote the PN-NCLEX with 100% first time pass rate. All three paramedic to nurse bridge graduates began the associate degree program fall 2016, with a planned completion date of May 2017.

Board of Nursing Program Approval and Accreditation:

One Minnesota and six North Dakota baccalaureate degree nursing education programs approved by the NDBON were nationally accredited by the Commission on Collegiate Nursing Education (CCNE). In April 2016, the Accreditation Commission for Education in Nursing (ACEN) granted initial national accreditation to the Associate Degree nursing education programs at Lake

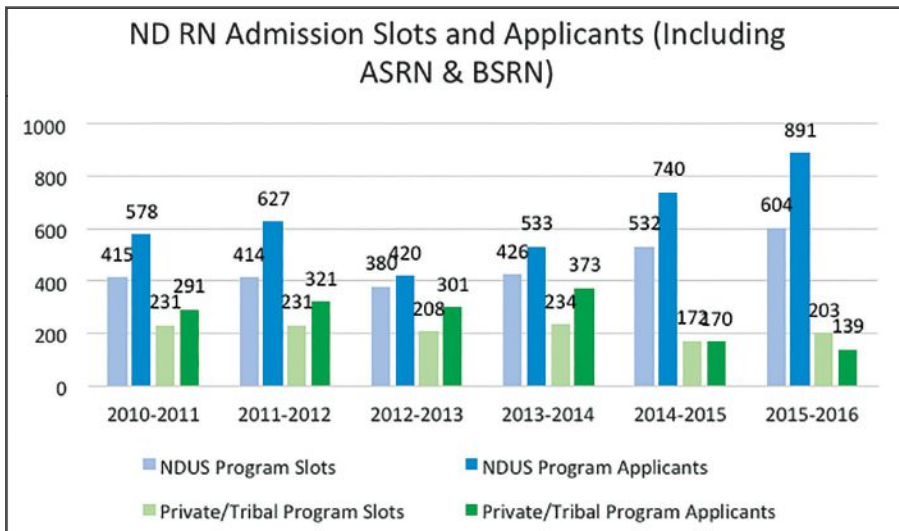
Region State College and Bismarck State College, both DNP consortium partners. These programs joined three baccalaureate degree and three associate of applied science practical nurse programs that held national accreditation through ACEN bringing the total number of nationally accredited programs in North Dakota to fourteen out of twenty-three. This raised the percentage of accredited programs from 52% the year prior to 61 % for FY 2015-2016.

Program Approvals:

The ND Board of Nursing conducted two onsite and two paper/interim surveys during FY 2015-16. These surveys included a total of six programs: one diploma PN, one associate degree PN, one associate degree RN, two baccalaureate degree and one doctorate degree. The Board granted approval to the following programs:

- 1. Sitting Bull College (ASPN) (on-site survey)**
 - Granted full approval of the Sitting Bull College, Associate Degree Practical Nurse program until November 2020.
- 2. University of North Dakota (BSN, DNP) (paper/interim survey)**
 - Granted full approval of the Baccalaureate and Doctorate Degree programs until November 2020.
- 3. Minot State University (BSN) (on-site survey)**
 - Granted full approval of the Baccalaureate Degree program until March 2021.
- 4. North Dakota State College of Science (AASPN, ADN) (paper/interim survey)**
 - Granted full approval of the Associate of Applied Science Practical Nurse and Associate

Degree programs until May 2021. The ND Board of Nursing took action



on one program's approval status related to compliance report findings and program pass rates for first time writers of the licensing exam this fiscal year. The Board imposed conditional approval status on the following program:

5. Turtle Mountain Community College (AASPN) (compliance report)

- January 2016, the program was placed on Conditional Approval until September 2016. The Board required a full on-site survey of the program for Fall 2016. The program administrator must submit the pre-survey report by July 15, 2016.

Board of Nursing Approved Major Programmatic Change Requests:

The North Dakota Board of Nursing approved several requests for programmatic changes throughout the fiscal year. For detailed information regarding approved programmatic changes for FY 2015-2016 please see the full NDBON Nursing Education Annual Report at: <https://www.ndbon.org/Education/AnnualRpt.asp>

Admissions:

Nursing education programs had a total of 1080 admission slots available during the 2015-2016 FY for all Practical Nurse and Registered Nurse programs. This was an increase from the 990 slots available in FY 2014-2015.

Baccalaureate programs reported a total of 607 slots for admission, which is 31 more than reported in FY 2014-

15. This is the third consecutive year the number has increased. Admissions to baccalaureate nursing programs designed as preparation for RN licensure totaled 590, which was 3 more than last year. The five associate degree nursing (ADN) programs for RN licensure, which are structured via the ladder concept,

continued on page 14

CALLING ALL RNs!

Noridian Healthcare Solutions is hiring.

RNs review documentation, make clinical determinations and provide education.

- Straight days!
- No nights, weekends or holidays!
- Flexible hours!
- Great benefits!



View jobs and apply online at:
www.noridian.com/jobs

Noridian Healthcare Solutions is an EO employer – M/F/Vets/Disabled

TRINITYHEALTH

NURSING IS A WORK OF HEART...

Trinity believes that good care is never forgotten.
Investing in our employees goes hand in hand with taking care of and giving back to others in our community.

At Trinity we care.
We invite you to be part of our outstanding and dedicated team of professionals.

Trinity offers a competitive wage and benefits package for our nurses, including tuition reimbursement.
Please visit WWW.TRINITYHEALTH.ORG to apply.

HUMAN RESOURCES, 120 Burdick Expressway East, Minot, ND 58701 | (701) 857-5191
Trinity Health is an EEO/AA/Disabled Individuals/Veteran Employer

A special thank you to all our wonderful nurses. Your dedication to our mission of providing quality health and wellness is a source of great pride to Tioga Medical Center.

Sign on bonus may apply

POSITION AVAILABLE

Full time/Part time RNs or LPNs for ER/Acute/Long Term Care, Tioga, ND

For more info, or to apply, contact:

Amber Nelson, RN, DON
anelson@tiogahealth.org
(701) 664-3305 x9214

Visit www.tiogahealth.org

continued from page 13

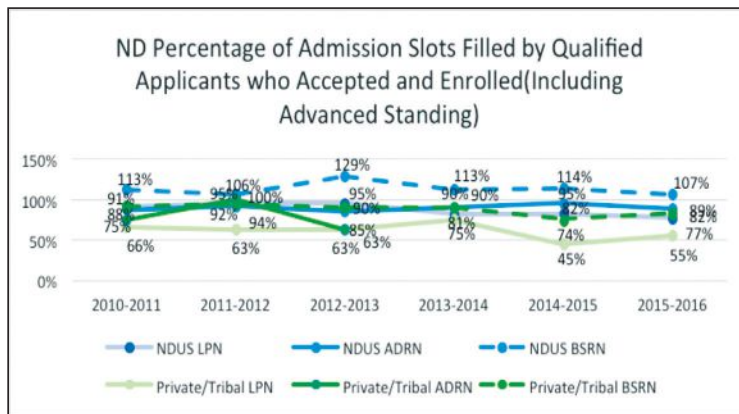
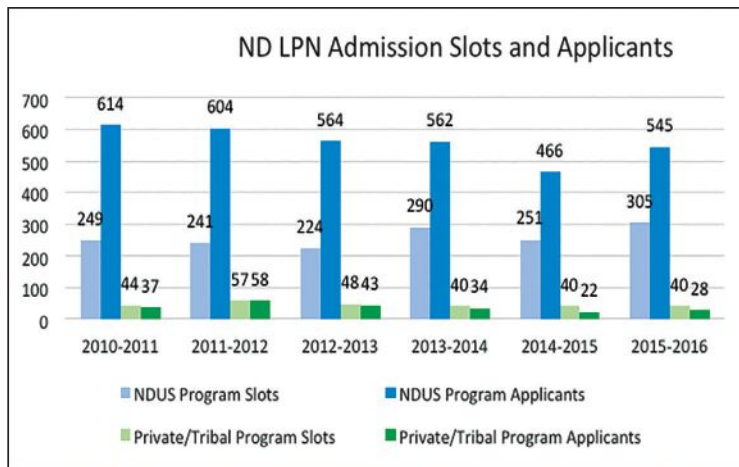
reported 128 slots, the same number reported in FY 2013-14 and 2014-15. Admissions to ADN programs for FY 2015-16 totaled 114 a decrease of 8 from the previous FY year. In total, admissions to educational programs which qualify graduates for RN licensure was 704, which is a decrease of 5 students from the previous year.

The Associate in Science Practical Nursing (ASPN), Associate in Applied Science in Practical Nursing (AASPN) and Certificate Practical Nurse programs reported 345 available admission slots, 54 more than last FY. The total number of applicants admitted (n=267) represents an increase of 44 more than last fiscal year. This is a complete reversal from the previous year when a decrease of 43 admissions was noted for FY 2014-2015. This is indicative of the commitment by ND nursing education programs to increase the number of nurses produced in the state.

Enrollment:

Fiscal year 2015-16 marked a grand total enrollment in all programs of 2,195 which is a decrease of 84 students from FY 2014-15 and marks the first time in three years this number has gone down. Enrollment trends from 2006-2015 reflect increases each year except for FY 2012-13, which demonstrated a substantial decrease (19%).

For fiscal year 2015-16 total enrollments decreased from the previous FY by 3.7%. Practical nurse (PN) program enrollment decreased by 10 students. The nursing programs for RN licensure saw an enrollment decrease of 64 students in FY 2015-16, the first time since 2010 that this number has decreased. The enrollment



numbers in pre-licensure graduate programs decreased from 303 in FY 2014-15 to 273 in FY 2015-16. These numbers reflect inclusion of both masters and doctor of nursing practice students enrolled in North Dakota programs. As of May 2014, the three pre-licensure graduate programs in the state had all transitioned from offering a master's degree to offering the doctorate degree.

Like past fiscal years, non-minority females comprised most students enrolled in all types of nursing programs. There were 83 minority students reported in PN programs, thereby making up 23% of the students. There were 12 minority students enrolled in ADN programs, comprising 10.5% of the students. The 147 minority students in baccalaureate programs accounted for 10.7% of the enrollees, up slightly from 10% last FY. The 32 minority students in graduate programs represented 11.7% of the student population, a slight decrease from the past FY.

Male students (n=20) constituted

5.5% of the students enrolled in PN programs. The ADN programs had 4 males enrolled, which represented only 3.5% of the students. Baccalaureate program enrollment of males (n=167) comprised 12% of the student population, the same as the previous FY. Male student numbers (n = 47) in graduate-level programs reflected 17% of the total graduate program enrollment.

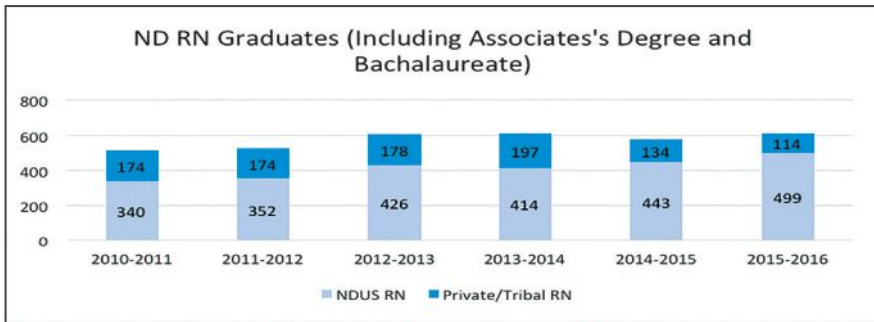
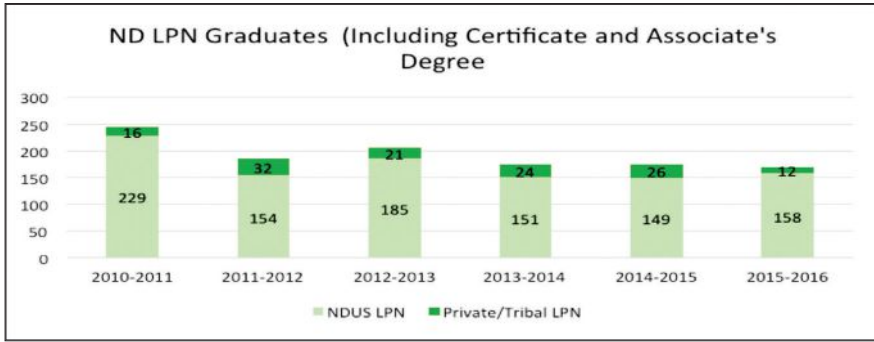
Graduates:

Currently the only certificate PN programs in the state are offered through a consortium of four academic institutions, which graduated a collective total of 91, reflecting 6 less graduates than the previous FY year. Associate degree PN programs had a total of 79 graduates for the FY year.

In fiscal year 2015-16 a total of 100 ADN students graduated, thus qualifying for RN license by examination. An additional 489 individuals graduated from baccalaureate programs, creating a combined 589 graduates from all programs preparing for RN licensure.

As in past years, the most prominent age group represented in all the undergraduate programs consisted of those aged 24 and below (55%). The basic baccalaureate programs provided the largest numbers of graduates in the age 24 and below group (68%), in contrast to the age 41 and above group (1%). Within the PN graduate group (n=77), the 24 and below age group was calculated at 18.5% and the 25-30 age group was at 26%. Age trends are not reported for graduates of the master's or doctoral level programs.

Doctor of nursing practice and master's programs graduate data decreased for the second year in a row, from 97 in FY 2014-15 to 79 in FY 2015-16. The doctor of nursing practice and master's degree graduates were combined for this FY due to each of the graduate programs in the state transitioning to the doctorate degree level in 2014.



NCLEX® Examination Pass Rates for First-Time Candidates:

The overall FY 2015-16 North Dakota NCLEX-PN® (National Council Licensure Examination) pass rate average was

89.66%, which is a decrease of 4.42% from last fiscal year. The ND pass rate average was 6.94% higher than the national average. The overall FY 2015-16 North Dakota NCLEX-RN® pass

rate average was 88.57%, which is a decrease of 3.69% from last fiscal year. The ND pass rate average was 6.27% higher than the national average. Since 2009 ND nursing education programs have consistently been at or above the national pass rate average on NCLEX-PN and NCLEX-RN examinations.

Faculty:

In FY 2015-16, the state's nursing education programs employed 149 full-time and 133.66 part-time faculty with a total calculated FTE of 192.90. These numbers represent a dramatic shift from FY 2014-15, when 160 full-time and 219 part-time faculty totaling 210.38 FTE's were reported. Of the FY 2015-16 totals, the following figures represent the highest level of academic preparation:

- 26.55 FTE's are prepared at the bachelor in nursing level (33.69 FTE's in FY 2014-15)
- 107.57 FTE's are prepared at the master's in nursing level (113.64 FTE's in FY 2014-15)

continued on page 16

**Belcourt, N.D.
Multiple RN Opportunities**

- OB
- Med/Surg
- ER

The Indian Health Service offers a lifestyle that is adventurous, community oriented and focused on service and problem solving as part of a professional interdisciplinary team.

Join us in improving the health outcomes of 2.2 million American Indians and Alaska Natives. These positions are located in the Nursing Department at the Quentin N. Burdick Memorial Health Care Facility, Belcourt, North Dakota.

For more information please visit www.usajobs.gov or call Lynelle Hunt, DON (701) 477-6111 ext 8260

NORTH DAKOTA STATE UNIVERSITY

NDSU

ADVANCE YOUR NURSING CAREER

With locations in Fargo and Bismarck, North Dakota, the NDSU School of Nursing offers small class sizes, experienced faculty and an excellent value.

Our programs include:

- RN to BSN blended online program
- Pre-licensure BSN program
- LPN to BSN blended online program
- Doctor of Nursing Practice (BSN to DNP)/ Family Nurse Practitioner program

NDSU offers programs to part- and full-time students, working professionals and those seeking online educational opportunities.

ndsu.edu/nursing

continued from page 15

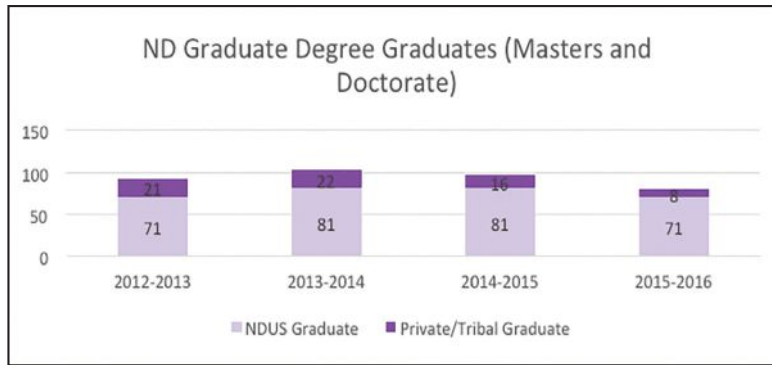
- 1.20 FTE's are prepared at the non-nursing master's level (2.50 FTE's in FY 2014-15)
- 38.40 FTE's are prepared at the doctorate in nursing level (39.58 FTE's in FY 2014-15)
- 21.18 FTE's are prepared at the non-nursing doctoral level (20.97 FTE's in FY 2014-15)

Of note, the total faculty FTE decreased by 11.0 while the overall number of faculty employed by programs in the state decreased in number by 96.34. Due in part to budget constraints, there is clear evidence that nursing education programs in the state continue to require the same amount of work as previous years, yet now have fewer faculty to assist with the workload.

Faculty position openings during 2015-16 FY totaled 16.00 for all ND nursing education programs. The total actively recruited faculty vacancies by programs for the FY were 13.00, indicating that programs were recruiting numbers very close to what was needed.

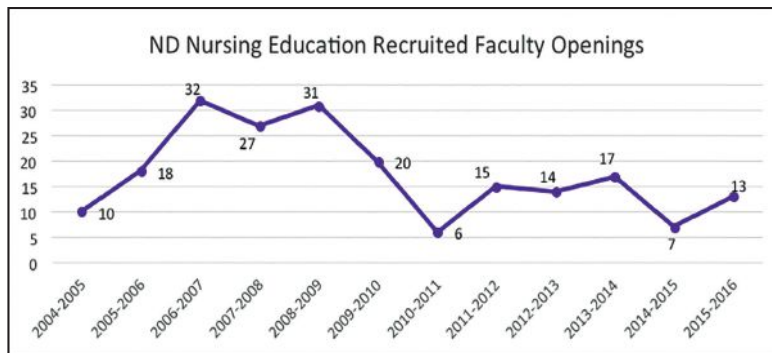
The number of faculty position openings has varied greatly over the last twelve years from a low of 6 to a high of 32 faculty position vacancies. In 2016, six of these openings were for doctorate-prepared faculty, 10 for master's prepared faculty. No baccalaureate-prepared faculty openings were reported.

Faculty demographic data began being collected for FY 2010-11. The FY 2015-16 data indicated 266 female and 19 male faculty serving the state's nursing education



programs. Data on age range of faculty are also collected. As in all previous years this data has been collected, with the exception of FY 2014-2015 the 61 and above age range accounted for the highest percent (30%) of nursing faculty. This reflects a national trend and is a major contributing factor for the current and future estimated nurse faculty shortage as aging faculty retire.

The 41-50 age range accounted for 24%; 31-40 accounted for 20%;



25-30 accounted for 12%, and the 24 and below accounted for 0.4% of faculty. Nursing education programs reported the faculty in North Dakota as almost exclusively Caucasian (98%), with 1% faculty reported as Native American and 0.7% reported as African American. Other ethnicities reported included Hispanic and other.

The Institute of Medicine, Robert Wood Johnson Foundation, Association of American Colleges and Universities, American Association of Colleges of Nursing, and National League for Nursing among others, have all noted the critical need for expanding diversity in the health

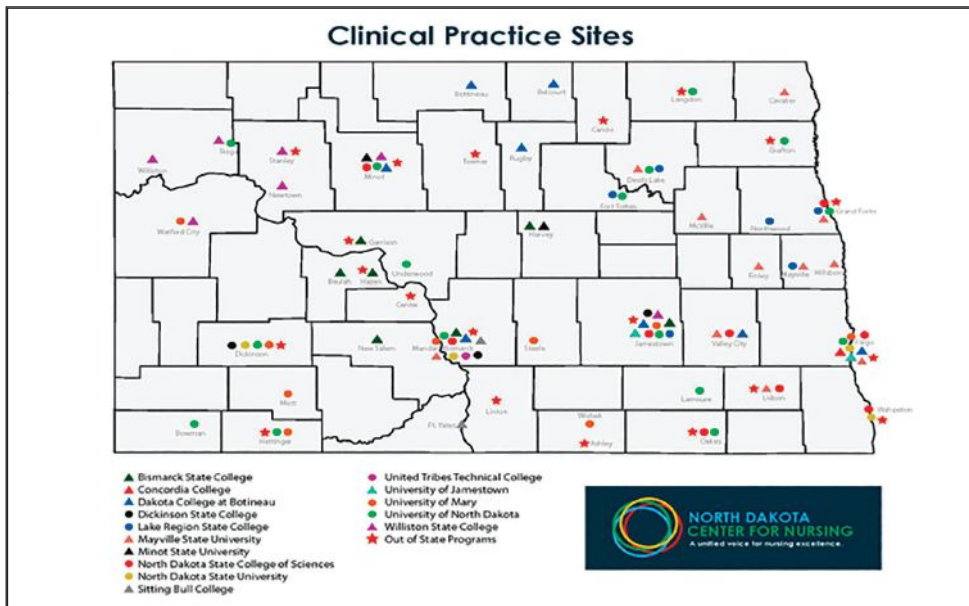
care workforce.* The National Council of State Boards of Nursing 2013 analysis of job titles noted that nurse faculty had the least diversity when compared to staff nurse positions.* Diversity brings differences in perspectives which leads to institutional excellence. Nursing education must increase focus on leading diversity and inclusion efforts.

Faculty Developmental Program :

Nursing education programs continue to be highly committed to the advancement of their faculty within their respective graduate programs, as evidenced by efforts to increase the percentage of academically qualified faculty. The **Faculty Developmental Program (FDP)** (NDAC 54-03.2-04-08.1) implemented in 2011, provides an avenue for nursing education programs to hire faculty who do not meet minimum educational requirements, if enrolled in a graduate program and are making progress. The FDP also provides the ND Board of Nursing with an ongoing mechanism for tracking the progress of academically unqualified faculty participating in the FDP. A total of fourteen nursing education

programs utilized the FDP during FY 2015-16. This accounts for over half of the programs in the state and is evidence of a statewide shortage of qualified faculty. The total number of faculty and associated FTE's reported as filled by academically unqualified individuals for all programs in the state for each of the quarterly reporting periods during the FY is detailed below:

- October 1, 2015 – 16.86 FTE
 - Number of participating faculty in the state: 54
- February 1, 2016 – 15.64 FTE
 - Number of participating faculty in the state: 53



- June 1, 2016 – 4.0 FTE
 - Number of participating faculty in the state: 9

Practice Sites for Student Clinical Experiences

The twenty-three pre-licensure programs in ND reported using a total of 195 practice sites for student clinical practice experiences. These sites included hospitals, long-term care facilities, public health and clinics as well as other unconventional sites such as schools, daycares and churches. Securing locations for student practice experiences has long been a challenge for nursing education programs. While practice sites are not abundant for all programs, creativity and innovation are being utilized to ensure diverse and extensive opportunities for students' clinical experiences in all ND nursing education programs. Please refer to the full NDBON Nursing Education Annual Report for detailed information regarding clinical practice sites for FY 2015-2016.

Distance Nursing Education Program Recognition

The ND Board of Nursing continues to collaborate with pre-licensure distance nursing education programs seeking to place students in ND facilities for clinical practice experiences. In FY 2015-16, the Board

recognized 32 distance programs with a total of 1051 placements of students in clinical settings in ND throughout the academic year. The number of distance programs recognized increased by 19% from the previous FY year, and the number of student placements increased by 34%. This represents a dramatic increase in the number of students attending distance nursing programs who seek to complete their clinical practice experiences in ND. Most of these students are ND residents who desire to complete their clinical practice experiences close to home.

The distance nursing education students from PN programs represented 41.4% of student placements in practice sites. The ADN/ASN programs accounted for 46.5% of the student placements. In Fall 2015, there were 407 distance education student placements in ND facilities. In Spring 2016, there were 467 student placements in ND. In Summer 2015, there were 176 student placements in ND facilities. The ND facilities included various clinic, hospital, and long term care settings in Bismarck, Fargo, Minot, Valley City, Harvey, Grand Forks, Langdon and many other rural areas.

In closing, this past year represented many challenges for nursing education programs in ND. Nurse educators responded to the

challenges with innovating thinking and creativity. Budget constraints affected many programs this past FY year, requiring educators to do more with less. The high quality of nursing education programs in ND is evidenced by average NCLEX RN and PN pass rates above the national average each year.

Nurse educators continue to be challenged to increase enrollment to impact the nursing workforce shortage and to increase the diversity in the student population and faculty. ND nurse educators are committed to addressing these challenges while continuing to provide quality nursing education that ensures preparation of nurses able to provide safe competent care. The NDBON is committed to assisting nursing education programs in their endeavors while assuring ND citizens quality nursing care through regulation of standards for nursing education.

**References available upon request.*

EXPLORE THE EXTRAORDINARY | 2017

Love, Light and Healing Energy

FEATURED SPEAKERS

<p>EBEN ALEXANDER, MD Neurosurgeon & Near-Death Experimenter Author PROOF OF HEAVEN</p>	<p>JEAN WATSON, RN, PhD Caring Science Founder Author CARING SCIENCE AS SACRED SCIENCE</p>
<p>MARK ANTHONY, JD Psychic Lawyer & Near-Death Experimenter Author EVIDENCE OF ETERNITY</p>	<p>MARJORIE HINES WOOLLACOTT, PhD Neuroscientist & Meditation Author INFINITE AWARENESS</p>

**WITH SPECIAL PRESENTATIONS BY:
LARRY DOSSEY, MD
AND P.M.H. ATWATER, LHD**

IANDS

INTERNATIONAL ASSOCIATION
FOR NEAR-DEATH STUDIES, INC

WESTMINSTER, COLORADO | AUG 3 – 6
neardeathconference.com



Board Staff Directory

Gloria Damgaard, MS, RN, FRE, Executive Director
Concerning Administrative, Legislative, Rules and Regulations
Gloria.Damgaard@state.sd.us
(605) 362-2765

Abbey Bruner, Senior Secretary
Concerning RN and LPN Renewal, Reinstatement, and Reactivation
Abbey.Bruner@state.sd.us
(605) 362-2760

Robert Garrigan, Business Manager
Concerning RN and LPN Initial Licensure and Examination
Robert.Garrigan@state.sd.us
(605) 362-2766

Ashley Kroger, Program Assistant
Concerning Registration of Unlicensed Personnel
Ashley.Kroger@state.sd.us
(605) 362-3525

Erin Matthies, Licensure Operations Manager
Concerning APRN Licensure and Submission of NP and CNM Collaborative Agreements
Erin.Matthies@state.sd.us
(605) 362-3546

Francie Miller, BSN, MBA, RN, Nursing Program Specialist
Concerning Compliance and Enforcement / Discipline
Francie.Miller@state.sd.us
(605) 362-3545

Tessa Stob, AD, RN, Nursing Program Specialist
Concerning Medication Aide Training Programs, Dialysis Tech Training Programs, Unlicensed Diabetes Aide Training and Nurse Aide Training Programs
Tessa.Stob@state.sd.us
(605) 362-2770

Jill Vanderbush, Program Assistant
Concerning RN and LPN Licensure by Endorsement and Criminal Background Checks
Jill.Vanderbush@state.sd.us
(605) 362-2769

Linda Young, MS, RN, FRE, BC, Nursing Program Specialist
Concerning APRN Regulation and Practice, RN and LPN Scope of Practice, and Center for Nursing Workforce
Linda.Young@state.sd.us
(605) 362-2772

MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9 and SDCL 36-9A.

South Dakota Board of Nursing Officers and Members

Kristin Possehl

President, RN Member, Brookings

Nancy Nelson

Vice-President, RN Member, Sturgis

Darlene Bergeleen

RN Member, Wessington Springs

Carla Borchardt,

RN Member, Sioux Falls

Rebekah Craddock

Public Member, Sioux Falls

Doneen Hollingsworth

Public Member, Pierre

June Larson

RN Member, Vermillion

Deborah Letcher

RN Member, Sioux Falls

Sharon Neuharth

LPN Member, Burke

Robin Peterson-Lund

APRN Member, Sioux Falls

Mary Schmidt

Secretary, LPN Member, Sioux Falls

South Dakota Board of Nursing Scheduled Meetings

Location: 4305 S. Louise Ave., Suite 201;
Sioux Falls, SD, Time: 9:00AM

- April 20-21, 2017
- June 29-30, 2017
- September 14-15, 2017
- November 16-17, 2017

Agenda will be posted 3 business days prior to the meeting on Board's website.

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	November 2016 Board Action
Beck, Jennifer	P009933	• Suspension
Benson, Heather	CR000895	• Voluntary Surrender
Devost, Celeste	NH PN 013462-22	• Suspension of Privilege to Practice
Harris, Sherie	P012257	• Letter of Reprimand
Kolda, Darlys	P002854	• Letter of Reprimand
Levy, Bonnie	R042096	• Summary Suspension
McClarty, Tracie	P011950	• Suspension
Richter, Nadine	R038425	• Letter of Reprimand
Said, Brenna	R034526	• Letter of Reprimand
Taylor, Susan	R027693	• Letter of Reprimand
Wood, Debra	P012332	• Letter of Reprimand

Name	License Number	February 2017 Board Action
Benson, Caleb	R043328	• Suspension
Dodge, Tiffany	R041522	• Voluntary Surrender
Moore, Jody	VA RN0001259862	• Voluntary Surrender of SD Privilege to Practice
Levy, Bonnie	R042096	• Suspension
Muhlenkort, Brooke	R040370	• Voluntary Surrender
O'Neal, Stacy	R030902	• Voluntary Surrender
Nemec, Erin	R042452	• Voluntary Surrender
Van Berkum, Cassandra	IA LPN P50359	• Voluntary Surrender of SD Privilege to Practice

Access

Licensure forms, update contact information, find advisory opinions, nurse practice act, and more online:
www.nursing.sd.gov

Verify

Nurse Licensure and UAP Registration:
<http://doh.sd.gov/boards/nursing/verificationlink.aspx>

SOUTH DAKOTA Center for Nursing Workforce

Find workforce data and trends, future leadership training and summit information online:
<http://doh.sd.gov/boards/nursing/sdcenter.aspx>

South Dakota Board of Nursing Meeting Highlights

January and February 2017

Board Meetings:

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as necessary to transact its business. The South Dakota Board of Nursing generally meets five times a year. Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. Individuals interested in attending should check the Board's website for more information and agendas. Information is posted 2 days prior to the meeting at: <http://doh.sd.gov/boards/nursing/>. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

Legislative:

- The SDBON granted a motion to recommend support of Senate Bill 61 to the Department of Health with written testimony. Senate Bill 61 updates, revises and repeals certain provisions relating to nurse practitioners and nurse midwives.

Education:


- The 2016 report on South Dakota's approved nursing education programs pass rates was presented for the registered nurse and practical nurse National Council Licensure Examinations (NCLEX). The LPN pass rate for South Dakota programs was 92.7%. The national LPN pass rate was 83.7%. The RN pass rate for South Dakota programs was 86.1%. The national RN pass rate was 84.6%.
- The SDBON granted a motion to place Oglala Lakota College on probationary status for 1 year, with an action plan to correct NCLEX results due to the Board by the April 20, 2017 Board meeting.
- The SDBON granted a motion to approve Mitchell Technical Institute's request for interim approval status for a practical nurse program.

- The SDBON granted a motion to accept the notice of Dakota Wesleyan University's closure of their pre-licensure associate degree RN program in Mitchell and their LPN to RN program in Sioux Falls, SD.
- The SDBON granted a motion to

accept University of South Dakota's (USD) notice that as of November 22, 2016 Dr. Haifa Samra was appointed Chair of USD's Department of Nursing.

- The SDBON granted a motion to approve Southeast Technical Institute's

continued on page 20



Top 2 REASONS

South Dakota women don't get early Prenatal Care...

In a recent survey among South Dakota women who didn't get prenatal care as **early** as they wanted, two primary barriers were reported:


- 1 I did not know I was pregnant.
- 2 I could not get an appointment when I wanted one.

You can make a difference.
Talk to your patients about the early signs of pregnancy during routine visits. Then make scheduling for new pregnant women a priority. We know prenatal care improves birth outcomes for both mother and infant. The earlier the care, the better the outcome.

Help us give every baby the best possible start to a healthy life.

Source: South Dakota Pregnancy Risk Assessment Monitoring System (PRAMS)-like 2014 Data Report (doh.sd.gov/documents/statistics/2014-SD-PRAMS.pdf)

for baby's sake
Healthier moms + Healthier babies
www.forbabysakesd.com



continued from page 19

LPN to RN Associate degree on-line course proposal.

- The SDBON granted a motion to accept South Dakota State University's (SDSU) annual report of their RN and LPN refresher courses and granted continued approval for 2017.

Practice:

- The SDBON granted a motion to approve a nurse practitioner's request to perform nasal endoscopy, flexible nasal laryngoscopy and pharyngoscopy procedures following completion of 25 supervised procedures.

Center for Nursing Workforce (CNW):

- The CNW is partnering with EmBe and plans to graduate the first participant cohort from the Sioux Falls program in May 2017. EmBe and the CNW are planning to offer the leadership program in the Rapid City area. The Rapid City cohort will begin in the fall of 2017 and is advertised in the Dakota Nurse Connection.

Licensure:

- **Verification of Employment:** RNs and LPNs are required to attest to the hours worked during a renewal period. The Board does conduct random audits of licensees, if you are selected you will be required to submit a completed employment verification form to the Board office.
- **Nurse License and UAP Registration Verification:** Licensure status for all licensees and registrants may be verified online at: www.nursing.sd.gov select Online Verification.
 - The Board's registry *only* provides assurance that individuals listed on the registry have met minimal criteria including the completion of

PN Program:	# Delivered	# Passed	# Failed	Pass Rate
Lake Area Tech	58	57	1	98.28%
Mount Marty College	5	5	0	100.00%
Sinte Gleska University	2	2	0	100.00%
Sisseton Wahpeton College	4	3	1	75.00%
South East Tech	86	82	4	95.35%
Western Dakota Tech	24	17	7	70.83%
South Dakota Overall Pass Rate	179	166		92.74%
National Pass Rate	47,345	39,626		83.70%
International Pass Rate	190	89		46.84%

RN Program:	# Delivered	# Passed	# Failed	Pass Rate
Augustana College	55	54	1	98.18%
Dakota Wesleyan University	50	43	7	86.00%
Mount Marty College	29	23	6	79.31%
National American University	23	12	11	52.17%
Oglala Lakota College	7	5	2	71.43%
Presentation College	59	40	19	67.80%
South Dakota State University	316	278	38	87.97%
South East Tech	26	22	4	84.62%
University of Sioux Falls	56	54	2	96.43%
University of South Dakota - ADN	20	17	3	85.00%
University of South Dakota - BSN	142	126	16	88.73%
South Dakota Overall Pass Rate	783	674		86.08%
National Pass Rate	157,206	132,938		84.56%
International Pass Rate	3,283	1,385		42.19%

required training and testing to allow them to accept the delegated task of medication administration from a licensed RN or LPN while under nurse supervision. **Registry status does NOT imply that an individual has met moral, ethical, or legal standards and should not take the place of an employer's hiring screening process or background check.**

- **e-Notify:** All nurses have the option to self-enroll their license in **Nursys e-Notify**. This is a free service and once enrolled, e-Notify will automatically send license expiration reminders and status updates to licensees or employers. <https://www.nursys.com/EN/ENDefault.aspx>
- **Unlicensed Medication Aides:** Licensed nurses in South Dakota may only delegate medication administration to Unlicensed Medication Aides (UMA)

listed on the South Dakota Board of Nursing's registry. Registry status is valid for a two year time period; registry status may be verified on the Board's website: <https://www.sduap.org/verify/>. If the person is not listed on the registry a nurse may not delegate medication administration to that person.

- **UMA Renewal Notice:** UMA registrations will begin expiring in 2017; a renewal notice will be mailed to each UMA's last known mailing address 3 months prior to expiration. **Please remind UMAs you work with to watch their mailbox for the renewal notice!**
- Renewal information is available at: <http://doh.sd.gov/boards/nursing/MATPAApproval.aspx>
- For questions contact Ashley. Kroger@state.sd.us.

Full Practice Authority for Certified Nurse Practitioners and Certified Nurse Midwives

Update on 2017 Legislation- Senate Bill 61

During the 2017 South Dakota Legislative Session, Senator Deb Soholt and Representative Jean Hunhoff sponsored Senate Bill 61, a bill to modernize SDCL 36-9A, the practice act for certified nurse practitioners (CNP) and certified nurse midwives (CNMs). The bill, enacted by the legislature and signed by Governor Dugaard goes into effect on July 1, 2017. SDCL 36-9A was initially enacted into law in 1979 with no major updates since that time. The new changes bring South Dakota up to speed with national standards for the education, practice and regulation of CNPs and CNMs.

One of the major changes repeals the requirement for the CNP and CNM to have a written collaborative agreement with a physician in

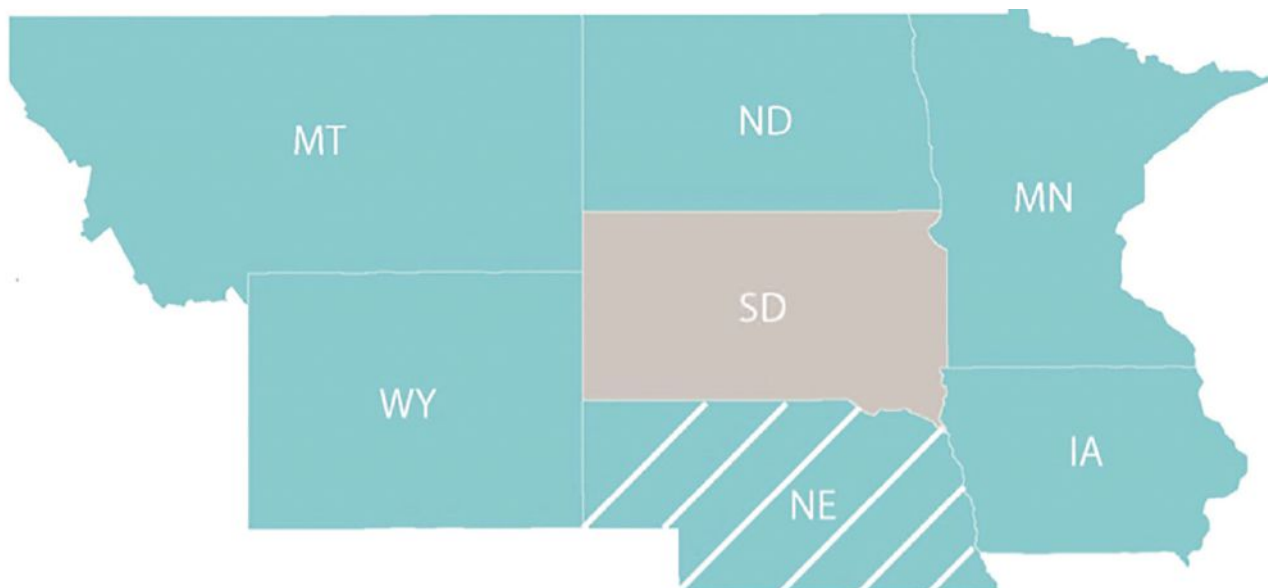
order to practice to their full scope. This includes performing advanced assessments and evaluations, prescribing treatments and medications, ordering diagnostic tests and signing official documents. After July 1, 2017, current collaborative agreements that are on file at the Board of Nursing will be retired. A transition to practice requirement was added to the practice act and requires a newly licensed CNP or CNM to complete 1040, hours of practice in collaboration with a licensed physician, CNP or CNM. Extensive research demonstrates the safety of CNP and CNM practice and provides the basis for removal of the written collaborative agreement. SDCL 36-9A will continue to define collaboration and require CNPs and

CNMs to collaborate with other healthcare providers and to refer and transfer patients as appropriate. The legislation removes the contractual agreement that ties the license of the CNP and CNM to a physician, it is not meant to discourage collaboration. Collaboration remains as a requirement in the revised practice act. Removal of the contractual collaborative agreement is consistent with CNP and CNM practice in our surrounding states as pictured.

Updates to the scope of practice include combining the advanced practice nursing scope and the overlapping scope with medicine into one scope of practice which is more reflective of the current practice. The new law contains a comprehensive listing of the allowed scope of

Collaborative Agreement Requirements in Surrounding States

continued on page 22



- No supervision/collaborative agreement required for CNPs and CNMs
- Supervision/collaborative agreement required for CNMs only
- Restrictive supervision/collaborative agreement required

continued from page 21

Governor Dugaard Signs Senate Bill 61 with SD APRN Coalition



*Pictured Back Row Left to Right: Nicole Gibson, Diana VanderWoude, Lobbyist Kitty Kinsman, Robin Arends, Bryan Wermers, Diana Berkland.
Front: Gloria Damgaard, Senator Soholt, Governor Dugaard, Representative Hunhoff, Nancy Fahrenwald, Susan Rooks, Linda Young and Karen Pettigrew.*

Nursing and Healthcare Programs. *At the heart of USF.*

Online RN-to-BSN Program: Complete your bachelor's degree in nursing quickly and conveniently.

Accelerated Nursing Program: Become a nurse in 15 months.

MBA in Healthcare: Gain practical business skills and transform the future of healthcare.

Degree Completion Program in Health Administration: Be prepared to play a leading role in an industry that is constantly changing due to innovations.

For more information or to apply:

Visit: usiouxfalls.edu

Call: 605-331-5000

Email: admissions@usiouxfalls.edu



University of
Sioux Falls



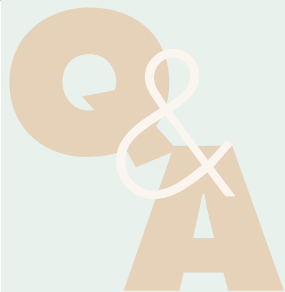
practice. It does not expand or limit the current scope of practice for the CNP and CNM. These practitioners are required to hold two licenses, one as an RN and one as an Advanced Practice Registered Nurse (APRN). They have the full scope of practice for both the RN and the APRN which distinguishes them from other advanced providers.

Another significant change to SDCL 36-9A is the removal of the joint regulation of CNPs and CNMs by the Board of Medical and Osteopathic Examiners and the Board of Nursing. The regulation of CNPs and CNMs is placed solely with the Board of Nursing. This is consistent with the regulation of advanced practice nurses across the country. Less than 5 states have this joint model of regulation in place.

The authority to approve

education programs for the preparation of persons to meet licensure requirements is another change made by the enactment of Senate Bill 61. Institutions planning to implement a CNP or CNM program of study leading to licensure must now apply to the Board of Nursing for approval. This is to assure that all graduates applying for licensure meet the same educational requirements.

The Board of Nursing acknowledges the work of the SD APRN Coalition consisting of representatives from nursing education, regulation and practice that drafted this legislation and all supporting documents. We also acknowledge the work of Senator Soholt and Representative Hunhoff along with the APRN Coalition lobbyist, Kitty Kinsman, who made this effort successful.



Frequently Asked Questions On New Legislative Changes to CNMs and CNPs South Dakota Nurse Practice Act

• When will these new laws take effect?

- July 1st, 2017.

• What will change?

- The BON will be solely responsible for licensing, determining practice, and disciplinary functions of CNMs and CNPs. Currently the BON and Board of Medicine co-regulate CNMs and CNPs.
- Collaborative Agreement Requirements. Currently all CNMs and CNPs are required to have an approved physician collaborative agreement to practice fully. As of July 1st collaborative agreements will not be required to practice full scope for CNMs and CNPs that verify they have a minimum of 1,040 hours of practice as a licensed CNP or CNM.
- What will happen with the collaborative agreement(s) I have on file?
 - On Monday, July 3rd, 2017 the BON will retire all collaborative agreements of CNMs and CNPs licensed prior to January 1st, 2017. The BON's licensure verification website will be updated to remove collaborative agreement information.
 - All CNMs and CNPs licensed after January 1, 2017 will be

required to verify completion of a minimum of 1,040 practice hours as a licensed CNM or CNP *prior* to the BON retiring their agreement. An APRN Practice Verification Form will be placed on the BON website in June.

- New applicants licensed after July 1st, 2017 must verify practice hours. Those that cannot verify 1,040 hours of practice as a licensed CNM or CNP will be required to submit a collaborative practice agreement with a SD licensed physician, CNM, or CNP to meet the minimum practice requirement. Upon receipt of verified practice hours the practice agreement will be retired by the BON.
- Is collaboration still required?
 - Yes. The change in law only removes the required contractual agreement with physicians. CNMs and CNPs are still required to collaborate with other

healthcare providers and refer and transfer patients as appropriate if the care required extends beyond the scope of their education, training, and skills.

• Can an employer require an agreement?

- Yes. Employers may require an employment contract outlining practice requirements specific to their practice sites. Employment documents do not need to be sent to the BON.

• Will my scope of practice change?

- No. The changes only modernize the statutes language and are more descriptive and reflective of current practice. The intent was not to expand or limit current practice.

Contact Linda Young at Linda.Young@state.sd.us or 605-362-2772 for additional questions.

Everyone Deserves a Job They Love!
Call 406.228.9541

Prairie Travelers
The Premier Healthcare Staffing Solution

Prairie Travelers is recruiting Traveling Healthcare Staff in N & S Dakota

- Registered Nurses (*Hospital, ER, ICU, OB and LTC*)
- Licensed Practical Nurses
- Certified Medication Aides
- Certified Nurse Aides
- Full-Time and Part-Time

Prairie Traveler's Commitment

- Excellent Wages
- Travel Reimbursement
- Paid Lodging
- Flexible Work Schedules
- 24/7 Staff Support
- Health Care Benefits
- Annual Bonus
- Zero Assignment Cancellations
- Varied Work Settings

For an application or more information, visit
www.prairietravelers.com

Spotting Signs of Drug Diversion

By Amanda McKnelly and Maria Piacentino



The misuse and abuse of drugs is a crisis in our country and around the world. By 2020 mental health and substance use disorders are expected to surpass all physical diseases as a major cause of disability worldwide. Prescription drugs are abused and misused more often than any other drugs except marijuana and alcohol (SAMHSA/NSDUH, 2014a). The 2013 National Survey on Drug Use and Health (NSDUH) indicates that 15.2 million people age 12 or older used prescription drugs non-medically in the past year, and 6.5 million did so in the past month. Drug diversion is any intentional removal of a prescription medication from the legitimate channels of distribution or dispensing.

With drug diversion on the rise, our health systems are starting to see the effects diversion has on their systems as a whole. Healthcare professionals face a dilemma because their patients often need prescription drugs but there is also a need to prevent the diversion and misuse of drugs. Pain relievers including opioid analgesics, tranquilizers, stimulants, and sedatives are the prescription drugs most often misused or diverted. Opioid analgesics are powerful painkillers with valid medical indications; however, when the patient takes the wrong dose, or the wrong person takes the opioid pain medication, consequences can be deadly.

What is the role of healthcare professionals in the problem of prescription drug diversion, misuse, and abuse? Healthcare professionals are in a unique position to educate, identify, and intervene with patients and colleagues who are at risk for prescription drug misuse and abuse. Recognizing the signs of misuse and risk factors of drug abuse and diversion by patients and fellow healthcare professionals is an important responsibility of all clinicians. Educated healthcare professionals can be instrumental in changing patterns of misuse and abuse of prescription drugs for individuals, colleagues, and communities, and thereby reducing the public health epidemic.

Substance use disorders have overall been recognized as an occupational hazard for healthcare professionals. Healthcare professionals experience substance use disorders at the same rate as the general population; however, a higher rate of abuse of opioids than the general population. A healthcare professional may have an illness, injury or emotional or physical pain condition that allowed for a valid prescription prior to drug diversion. Of course, not all who have used opioids will abuse them and not all who have abused will divert but for those that divert, the majority will divert illegally from within their place of employment. Human Resource departments have mentioned that when

they go back and look at an individual that has been suspected of diversion, the signs are all there, but no one knew what they were all looking for.

Signs and symptoms for healthcare professionals who may be diverting due to a prescription drug substance use disorder can include the following:

- Coming to work on days off
- Volunteering for overtime
- Incorrect narcotic counts
- Volunteering to administer medications
- Waiting to be alone to open a narcotics cabinet
- Not having witnesses to verify the waste of unused medications

Negative impacts on patient safety may result from any of the following:

- Impaired judgment
- Slowed reaction time
- Diverting drugs from patients who need them
- Falsification of records (fraud)

Facilities have “checks and balances” of the daily routines of their providers and employees, even so it is estimated that with the most robust prevention program possible facilities may have a 5% diversion rate and a 15% diversion rate in the absence of monitoring. Healthcare professionals educated in diversion prevention have the potential to make a difference. If a healthcare professional suspects that drug diversion has occurred, he or she should document the suspicion and make a report to their supervisor- they may notice signs symptoms or changes in behavior before monitoring systems identify anomalies. Healthcare facilities, law enforcement, licensing boards and alternative to discipline programs can then work together to protect the public and to assist the healthcare professional to receive necessary treatment. Healthcare professionals whose substance abuse problems are detected early and treated have a higher likelihood of successful treatment outcomes (NCSBN, 2011) and can go on to be a valuable member of

the healthcare community and workforce.

References:

American Society of Addiction Medicine (ASAM). (2012). Public policy statement on measures to counteract prescription drug diversion, misuse, and addiction. <http://www.asam.org>.

Berge K, Dillion K, et al. **Diversion of Drugs Within Health Care Facilities, A Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention.** Mayo Clin Proc 2012; 67(7) 674-682

Clark C. Dealing with Drug Diversion. Health Leaders Jan/Feb 2015 57-60.

National Center for Health Statistics (NCHS). (2014). Health, United States, 2013: In Brief. Hyattsville, MD. http://www.cdc.gov/nchs/data/hus/hus13_InBrief.pdf.

National Council of State Boards of

Nursing (NCSBN). (2011). Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. https://www.ncsbn.org/SUDN_11.pdf.

National Institute on Drug Abuse (NIDA). (2014). Prescription drugs: Abuse and addiction (NIH Pub Number 11-4881). <http://www.drugabuse.gov/publications/research-reports/prescription-drugs>.

National Survey on Drug Use and Health (NSDUH). (2013). Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings and Detailed Tables. <http://media.samhsa.gov/data/NSDUH.aspx>.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014b). Specific Populations and Prescription Drug Misuse and Abuse. <http://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>.



Ambitious? Let's do this.

There's no limit to where you can take your nursing career. We'll help you do it on your terms, with our 100% online RN to B.S. that offers anytime, anywhere access to courses, and full- or part-time options.

Get started now at dwu.edu/bsn

DWU DAKOTA WESLEYAN UNIVERSITY
DISCOVER YOUR STRENGTH.

This program is accredited by the Commission on Collegiate Nursing Education and have been granted full approval by the South Dakota Board of Nursing.

Safety Sensitive Positions: Are You at Risk?

By Amanda McKnelly and Maria Piacentino

There are occupations in our communities that are considered "safety sensitive" because they are responsible for the welfare and safety of others. Safety sensitive positions include pilots, police officers, firefighters, attorneys and healthcare professionals. Because these individuals have a responsibility to the public, these positions require



- Education and assistance and evaluation if substance use or mental health concerns are identified
- Referral to appropriate treatment services and ongoing monitoring of continued recovery status.

personal accountability and public oversight and are often regulated by a licensing board or similar authority.

Like all professionals, workers in safety sensitive positions are susceptible from illnesses that can lead to impairment. Such illnesses are common in society; both depression and alcoholism each reportedly affect 1 in 10 Americans. If safety sensitive workers are impaired, errors may occur which could cause significant harm to themselves or others.

Fortunately, there is an organization in South Dakota that provides confidential assessments, resources and ongoing monitoring of individuals at-risk for impairment. Midwest Health Management Services is a confidential, clinical resource for people in safety sensitive positions, including healthcare professionals. MWHMS was founded to assist professionals and organizations, to be a resource in addressing any of the following:

- Education regarding health and wellbeing for professionals in safety sensitive positions

To date, MWHMS has provided assistance to more than 420 professionals and students across South Dakota. Monitored recovery services offered by MWHMS follow and replicate strategies used by State Physician Health Programs (PHP) and the Federal Aviation Medicine Advisory Service.

Studies of PHP programs, including the Domino Study and the Dupont Study revealed that, nationally, PHP participants demonstrate a 78% success in recovery without relapse at an average of over 7 years of monitoring. Long-term success rates of pilot monitoring programs reported by the aviation industry note abstinence rates exceeding 85%. These rates are in stark contrast to recovery rates for the general public, as generally, only about 40% remain in remission at 1-year follow-up.

When an ill professional engages in appropriate treatment and monitored recovery services, a highly valuable resource is preserved and is a benefit to the public. In addition, given the morbidity and mortality related to untreated and undertreated

EARN YOUR
Bachelor's Degree in Nursing
FROM
AUGUSTANA UNIVERSITY!

Offering both a Traditional and Accelerated Program option.



AU
AUGUSTANA
UNIVERSITY

2001 SOUTH SUMMIT AVENUE
SIOUX FALLS, SOUTH DAKOTA 57197

www.augie.edu

substance use and mental health disorders, professional monitoring programs offer great advantages in recovery outcomes.

A vibrant monitored recovery program for professionals in safety sensitive positions can actually enhance public safety by encouraging early intervention, reducing risk associated with potentially impairing health conditions. Assisting professionals in safety sensitive positions to obtain the appropriate treatment and continued care is key. Professional monitoring programs acknowledge a primary concern for public safety, while taking into account that appropriate intervention and monitoring can save a career, a reputation, or even a life.

MWHMS welcomes questions or referrals from any source including, peers, self, physicians, colleagues, attorneys, treatment centers, family or friends.

Amanda McKnelly and Maria Piacentino are co-owners of Midwest Health Management Services

Domino, K.B., Hornbein, T.F., Pollissar, N.L., Renner, G., Johnson, J., Alberti, S & Hankes, L. (2005) Risk factors for relapse in healthcare professionals with substance use disorders. *Journal of the American Medical Association*, 293, 1453-1460.

DuPont, R., McLellan, A.T., Carr, G., Gendel, M., & Skipper, G.E. (2009) How are addicted physicians treated? A national survey of physician health programs. *Journal of Substance Abuse Treatment*. 37(1), 1-7.

Aviation Medicine Advisory Service, FAA-Sanctioned pilot alcohol abuse programs in business aviation. Accessed online on 7/4/2011 at <http://aviationmedicine.com/articles/index.cfm?fuseaction=printVersion&articleID=18>



SOUTH DAKOTA STATE UNIVERSITY

Impacting Health Care Nursing at SDSU.



Looking for a career in health care?

We have a nursing degree for you!

Become a registered nurse (RN), nurse practitioner, administrator, educator, researcher or a clinical nurse leader today.

SDSU nursing classes are offered at Brookings, Sioux Falls, Aberdeen, Rapid City and online.

College of Nursing
Box 2275
South Dakota State University
Brookings, SD 57007

Call: (Toll Free) 1-888-216-9806
Email: nursing@sdstate.edu
Web: sdstate.edu/nurs

Sioux Falls VA Health Care System

Working with and for America's Veterans is a privilege and we pride ourselves on the quality of care we provide. In return for your commitment to quality health care for our nation's Veterans, the VA offers an incomparable benefits package.



The Sioux Falls VAHCS is currently recruiting for night and day RN and LPN healthcare positions in the following clinical areas. 8 and 12 hour shifts and intermittent available, depending on location.

- Inpatient (med/surg, mental health)
- Long-term Care
- Emergency Department
- Outpatient Clinics

Applicants can apply online at www.USAJOBS.gov

They all come together at the Sioux Falls VA Health Care System.
To be a part of our proud tradition, contact:
Human Resources Mgmt. Service
2501 W. 22nd Street, Sioux Falls, SD 57105
(605) 333-6852 • www.siouxfalls.va.gov

Save the Date!

September 22, 2017

Celebrate 100 years of Nursing Presence in South Dakota

Join nursing colleagues as we celebrate our predecessors, contemporaries, and successors reflecting on 100 years of nursing presence in South Dakota. A conference will be held at the Hilton Garden Inn-Downtown in Sioux Falls and will feature presentations, guest speakers, award ceremony with entertainment, good food and great conversation!

Watch for more details and registration information in the next Dakota Nurse Connection issue or visit the SD BON website: <http://doh.sd.gov/boards/nursing/>

Commemorative Medallion Available!

Thanks to a generous sponsorship from Sanford Health, the South Dakota Board of Nursing commissioned local artist, Jurek Jakowicz, to design a beautiful bronze silver plated medallion to reflect 100 years of nursing presence in South Dakota! This 1 1/2-inch diameter medallion is perfect to wear as a pendant (chain not included). Medallions are available for a \$75 donation to the SD Center for Nursing Workforce.

Supply is limited, order your medallion today by emailing Abbey.Bruner@state.sd.us or call 605-362-2760.



The next step in your leadership journey starts now!

SOUTH DAKOTA
Center for Nursing Workforce

Leadership program

Presented by **EmBe**



The program is open to *all nurses* who are interested in expanding their leadership potential. Accepted participants must hold an active South Dakota nursing license, or multi-state compact license, and be practicing in the role of a nurse in the state of South Dakota.

APPLICATIONS FOR RAPID CITY PROGRAM WILL AVAILABLE AT WWW.EMBE.ORG/LEADERSHIP IN MAY 2017
Contact Erin Bosch, at EmBe, for more information at 605-610-0665 or ebosch@embe.org

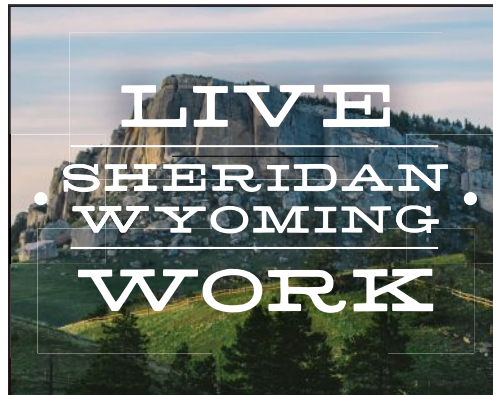


You'll LOVE it here.

Mercy Medical Center in Cedar Rapids, Iowa, is hiring compassionate nurses just like you!

- ✓ \$2,500 sign-on bonus
- ✓ Boost your career in beautiful Cedar Rapids — one of America's top five "Happiest Big Cities" and the No. 1 best place in the country to raise a child!
- ✓ Plant professional roots at Mercy — one of America's 50 Best Hospitals™ per Healthgrades and the largest Planetree Gold Designated® organization in the country!
- ✓ Wonder what our care is like? Meet some of our outstanding nurses at mercyare.org/faces-of-mercy.

This is the move you've been waiting for.
Apply at mercyare.org/careers



NURSE RN JOB OPPORTUNITIES

- Cardiac Cath Lab
- Women's Health & Pediatrics
- Medical / Surgical
- Emergency Department

EOE M/F/Disabled/Vet AAP

Join our team, providing excellent care to those who choose to live, work and raise their families in northeastern Wyoming.

- Attractive benefits package
- Competitive wages • Sign-on bonuses or relocation reimbursement
- Opportunities for professional growth
- Progressive organization focusing on a culture of kindness



**Sheridan
Memorial
Hospital**

Visit us online at
sheridanhospital.org

1401 West 5th St. | Sheridan, WY 82801
307.673.4290

Nursing Networking

Economical Classifieds (1.5" wide x 2" high)

Reach every nurse in North and South Dakota for as little as \$450.



Facing Disciplinary Action?

Don't make the mistake of representing yourself in front of the Board of Nursing.

Experience successfully defending licensed healthcare professionals before state licensing boards. No fee for initial consultation.

Burns

LAW FIRM

Patrick R. Burns
(612) 877-6400
www.burns-law.mn
Licensed in ND and SD

YOUR AD HERE

Just

\$450.00

1.5" wide x 2" high

MARK YOUR CALENDARS!

80th Annual Meeting
N.D. Society Obstetrics and Gynecology

September 8-9, 2017
Ramkota Inn, Bismarck ND

Scientific program highlights current issues
and is open to ALL women's healthcare providers.

Contact Rochelle (701) 852-1555
rhickel@caog.org for details or to register.



Advance your career!

BSN Completion Online Program

Admissions available for Fall & Spring Semesters

800-777-0750 ext. 3101

Be seen. Be heard.

College credit for RN Licensure. ACEN Accredited

Recruit Talented Nursing Faculty

Advertise your
nursing school faculty
opportunities in
the Dakota Nurse
Connection – reaching
31,000 nurses statewide.

Contact Victor at
vhome@pcipublishing.com



GREAT FALLS
COLLEGE
MONTANA STATE
UNIVERSITY

Teach For Us!

Nursing Faculty Position(s) Available

2 Full-time, benefits eligible positions
starting Fall 2017

Join a Nursing Team that educates
in a state of the art Sim Hospital!

Online Application: [https://jobs.gfcmu.edu/hr
jobs@gfcmu.edu](https://jobs.gfcmu.edu/hr_jobs@gfcmu.edu)

Disabled/AA/EEO/Net Preference Employer

Reach Recruit Retain

Mailed to every nurse

in North and South Dakota – over 28,000.

The North and South Dakota

Board of Nursing

JOURNAL

To reserve advertising space

contact Victor Horne

vhome@pcipublishing.com

1-800-561-4686 ext.114



ThinkNurse.com



The South Dakota Human Services Center

A state-of-the-art 304-bed psychiatric and chemical dependency
hospital serving acute, psychiatric rehabilitation, geriatric &
adolescent patients in Yankton, South Dakota.

Employment Opportunities for Staff and Charge RN's

Dynamic multi-disciplinary team of professionals

Competitive salary

Excellent benefit package

Flexible scheduling

Contact the Human Resources Office at

(605) 668-3118 or

diane.hovden@state.sd.us

SD Human Services Center

PO Box 7600

Yankton, SD 57078

Apply on-line at <http://bop.sd.gov/workforus>

An Equal Opportunity Employer



JOIN OUR CARING AND COMPASSIONATE NURSING TEAM



Regional Health nurses go above and beyond to provide quality care in our healing environments. Join our team of nurses that make a difference in the lives of many each and every day as we continue on our mission of helping patients and communities live well.

- Patient and Family Centered
- Team Oriented
- Professional
- Inspiring
- Dedicated



EOE/Vet/Disability

160177_0117

Call 800-865-2638 or visit regionalhealth.org
for current openings.



Regional Health
Helping Patients and Communities Live Well

• Our Nurses Are Passionate

About **Compassionate** Care

When you're a nurse at Avera, you join a team of caring people who love their work just as much as you do.

What's so great about our nurses?

They're good communicators with positive attitudes.

They're engaged with their coworkers and responsive to their patients.

Not to mention they lead the industry in clinical excellence at more than 300 locations in a five-state area.

Avera 



15-AVHE-1924

Choosing Avera – Learn more about our exciting career opportunities at **AveraJobs.org**

Avera is an Equal Opportunity/Affirmative Action Employer
Minority/Female/Disabled/Veteran/Sexual Orientation/Gender Identity

