

Montana NURSE

Volume 1 • Number 4

**Notes from
the Nursing
Assistance
Program**

**Outpatient
Medication
Dispensing
in Emergency
Departments by
Licensed Nurses**

**Health Care
Licensing Bureau:
Compliance Unit**

**LICENSEE
RENEWAL
PERIOD IS
COMING!**



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**APRN CERTIFICATE RENEWALS —
CHECK YOUR EXPIRATION DATE!**

The Montana Board of Nursing requires Advanced Practice Registered Nurses (APRNs) to provide verification of their certification renewals to the Board of Nursing office within 30 days of the expiration date (24.159.1405(f)). As stated in 24.159.1413(2) “Advanced practice registered nurses who are recognized in the state of Montana may only practice as an advanced practice registered nurse in the clinical area of specialty practice in which they have national certification according to the scope, standards, or description of practice” and is defined by your certifying body. The APRN rules can be found at www.nurse.mt.gov and begin at 24.159.1401.

It is your responsibility to know when your certification expires and to provide your renewed certification to the board office. If the verification is not on record by the expiration date, a report of complaint is submitted to the Board’s Screening Panel for possible license discipline.

**MONTANA STATE BOARD OF NURSING
MONTANA NURSE**

MAGAZINE SCHEDULE

ADVERTISING (COPY) DEADLINES	
PUBLISHING DATE	AD DEADLINE
December 21.....	December 3
March 21.....	March 3
June 21.....	June 2
September 21	September 1



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FROM THE EXECUTIVE DIRECTOR

We have had a very exciting and eventful Spring and Summer in our 95th year of existence. The Board is in the midst of adopting and proposing major rule revisions relating to LPN practice, nursing education, and APRN practice. I think you would be inspired by your Board in terms of their level of professionalism, dedication, preparedness, and commitment to evidence-based nursing practice and education. I invite you to the meetings for your own professional development and to encourage you to consider applying to the Governor's Office for appointment to the BON in the future. Please contact the Governor's Office if you are interested in serving on the Board.

THANK YOU SUSAN RAPH, CYNTHIA PIKE, AND CONNIE REICHELT

I would like to take this opportunity to thank three board members who have given so much to the Montana Board of Nursing in recent years.

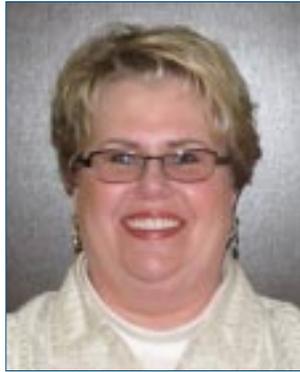
Susan Raph, RN member and nurse educator, served on the board for one 4-year term, ending July 1, 2008. You have seen her articles in recent BON newsletters. There is no way to fully articulate the manner in which she fulfilled her duties to the board during her tenure as an RN member, Education Committee chairperson, and as Board President. She donated many, many volunteer hours to the work of the Montana BON and to the National Council for State Boards of Nursing.

Ms. Raph guided the board through multiple changes in policy and regulation. She was instrumental in the rule revision processes related to licensure and nursing education program approval. Her leadership was critical as the board developed a model for governance and encouraged greater significance in board operations and functions. Susan conducted and shared a considerable amount of research with her fellow board members and stakeholders. She gave countless hours of meeting preparation time in her efforts to lead the board towards the future.

I'd like to thank not only Susan for all she has done for the Montana BON, but also her employer, MSU Bozeman College of Nursing, for supporting her during frequent absences for board activities and allowing her the time she needed to fulfill both her nursing education and other board-related responsibilities. Thank you, Susan – your participation on this Board was very much appreciated!

Cynthia Pike, RN member, served on the Board for about 4 ½ years, ending in January 2008. While the learning curve for developing expertise as a nurse regulator is very steep, Cynthia quickly became an active and engaged board member. Her expertise and experience in nursing practice were essential as the Board worked through issues and made decisions.

Ms. Pike demonstrated excellent skills in professionalism, critical thinking, and evidence-based decision making. She was always prepared to address issues presented to the Board and collaborated with others to arrive at sound regulatory decisions.



Thank you, Cynthia, for your important contributions to the work of this Board. And, thank you to her employer, St. Vincent's Healthcare in Billings, for supporting the flexibility to meet the demands of board meetings and meeting preparation.

Connie Reichelt, APRN member, has served on the Board since July 1, 2005. Connie was dedicated to the work of the Board and in particular, to the changes in Montana's APRN practice regulations. She served the Board in a professional manner and brought her perspective of rural/frontier APRN practice to the table.

As the APRN member, Ms. Reichelt was chairperson on the APRN/Practice Committee and guided their work through many decisions and rule revisions. She conducted research on APRN and other board issues and fulfilled her duties in a manner that allowed the Montana BON to move along with national trends in APRN practice.

Thank you, Connie, as a practicing APRN, for your sacrifices in making your contributions in time, preparation, participation and leadership to the Board. Your efforts were greatly appreciated!

THIS ISSUE'S FOCUS – COMPLIANCE

Each issue of this newsletter is intended to provide focus on a particular area of nursing regulation. This issue's focus is on compliance activities, processes, and the drug and alcohol monitoring program.

We are including, once again, the Scope of Practice Decision Making Model, for your reference. The Board approved a few minor changes in the April 2008 meeting in an effort to improve the flow through the process. Don't hesitate to call me if you need any guidance in using the Model. Additional written guidelines are also available on the board's website.

IT'S RENEWAL TIME!!!!

Don't forget that your **nursing licenses expire December 31, 2008!** See the related article in this issue as well as the picture of the renewal notice – front and back. The format has changed and is designed as a POSTCARD – so let your family know what it looks like so they don't throw it away thinking it is **junk mail!** This is the only renewal notice you will receive, so keep it – your PIN is needed in order for you to renew online between November 1st and December 31st.

If you have moved and have not yet submitted a written address change or name change request, you must do so by October 14th to ensure that your notice is mailed to the correct address and person. However, if you have your PIN, which never changes, you can make this change when you renew online even if your notice is not forwarded to your new address.

I look forward to meeting more of you in the coming months as I continue to travel around the state. Please feel free to call me if you wish to schedule a presentation!

Barbara Swehla, MN RN
Executive Director





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RECENT BOARD ACTIONS

EDUCATION COMMITTEE:

- Issued 'conditional approval' status to UM Helena College of Technology RN program with quarterly special reports to the Board of Nursing for the next year
- Reviewed and discussed 2007 calendar year NCLEX pass rates for all Montana programs
- Changed approval status to 'conditional approval' to MT Tech of the University of Montana, Butte, related to unresolved NCLEX RN pass rates below the required standard
- Developed a policy for handling licensure applicants for individuals educated in the U.S. Armed Services
- Discussed changes in the Medication Aide examination

APRN/PRACTICE COMMITTEE:

- Conducted a hearing on APRN rule changes
- Agreed to a Joint Position Statement on nurses dispensing outpatient medications in the Emergency Department – see website for the updated statement: www.nurse.mt.gov
- Continued discussion on the Advisory Statement regarding alternative therapies that don't require a license in Montana, but nurses wish to perform (such as tattoo – permanent makeup, massage, hypnotherapy)

FULL BOARD:

- Discussed and developed plans to cre-

ate a position statement in collaboration with the Board of Medical Examiners regarding dual licensure (RN, LPN, Paramedic, EMT)

- Continued work with stakeholders on the following rule changes anticipated for rule hearings in 2008-2009:

- Education program curriculum and general rules
- Mandatory continuing education rules – new

note: watch for proposed rule change notices and hearing dates on our website

- Adopted new LPN rules with changes based on comments received from stakeholders — the full text of the changes and rule adoption notice can be found on the website: www.nurse.mt.gov

- Made decisions on reinstatement requests, non-routine applications, and complaints of unlicensed practice of nursing

- Nominated four nurses from Montana to the LPN Practice Analysis and Knowledge, Skills and Abilities Work Group for the National Council for State Boards of Nursing NCLEX Committee – will know by the October board meeting if any of them were selected

- Reviewed and discussed annual licensure statistical report prepared by the Executive Director, which is available to everyone upon request

- Scheduled board meetings for the next 12+ months

MONTANA STATE BOARD OF NURSING STANDING COMMITTEE APPOINTMENTS

8/30/2008

Education Committee

Heather Onstad, RN – Chairperson
Deborah Hanson, Public Member
Karen Pollington, RN
Kathy Hayden, LPN
Sharon Dschaak, LPN

APRN and Practice Committee

Karen Pollington, RN – Co-Chairperson for Practice
Sharon Dschaak, LPN
Deborah Hanson, Public Member
Kathy Sprattler, LPN

Vacant Position, APRN – Co-Chairperson for APRN

Brenda Schye, Public Member
Laura Weiss, RN, APRN

Screening Committee

Karen Pollington, RN
Sharon Dschaak, LPN
Brenda Schye, Public Member
Heather Onstad, RN

Adjudication Committee

Kathy Hayden, LPN, Chairperson
Deborah Hanson, Public Member

Kathleen Sprattler, LPN
Laura Weiss, RN

Budget Liaison:

Karen Pollington, RN Member

Legislative Liaison:

Brenda Schye, Public Member

Governance Ad Hoc Committee:

Kathy Hayden, LPN Member, President
Sharon Dschaak, LPN Member
Karen Pollington, RN Member, Secretary



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Nursing's Highest Honor

Licensee Renewal Period Is Coming!

ALL NURSING LICENSES EXPIRE DEC. 31, 2008

This issue of the BON newsletter contains pictures of the **RENEWAL NOTICE POSTCARD** that you should receive by November 1, 2008. There is no personal information on this postcard (other than your name, address, PIN and license number) and **this is the only notice you will receive**. Please look at the postcard and let other people in your household know that this postcard is **not junk mail!**

If you have had your license on inactive status for the last two years, you must reactivate your license this renewal period. If you do not reactivate your license, it will automatically terminate after the renewal grace period. Changing your license status requires that you submit the appropriate fees and application in hard copy.

Please make sure that if you have moved, that you submit a **written address change request** prior to October 15, 2008 to ensure that your notice is sent to the correct address. No address change requests can be done over the phone (you are welcome to use email — dlibsdnur@mt.gov). However, if you are renewing online, you can complete an address change at the same time as you renew your license. Your PIN number will be on that renewal postcard – **SAVE THIS PIN NUMBER** – it will always be specific to your license number.

While we are sincerely hoping for 100% online renewals, if you wish to submit your renewal form by hard copy, you must download the form from the website (www.nurse.mt.gov) and send it in with your check or money order to the board office. If you request that we send you a hard copy renewal form, you will need to make the request in writing and submit a check for \$20.00 with your request.

As a reminder, I need to explain how you may avoid problems by following some important steps, especially if you are not planning to renew online:

Deadline: Hard copy applications postmarked later than December 1st are not guaranteed to be processed in time. You assume the risk if you wait until after December 1st to send your re-

newal form in if you are not renewing online. **Remember**, you cannot practice nursing or hold yourself out as a nurse after December 31st without a valid, current Montana license. **You can renew online until midnight December 31st using an e-check or certain major credit cards. Any**

renewals performed after the deadline can be done online for 45 days, but a late charge will apply.

Late Fees: An *extra* \$100.00 fee is required for any renewals processed after December 31, 2008. There is a 45 day grace period during which you can

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Montana's Official State Website

6515

RENEWAL INFORMATION - IMPORTANT

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RENEWAL NOTICE 60 DAYS:

YOUR LICENSE WILL EXPIRE ON 12/31/2008

Renewal Fees:

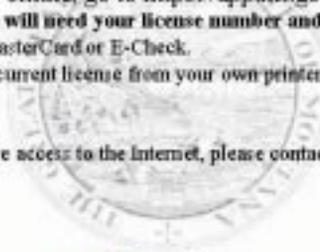
YOUR DEADLINE DATE IS 12/31/2008

To renew online, go to <https://app.mt.gov/renewal/>

You will need your license number and PIN.

- ▶ Pay by Visa/MasterCard or E-Check.
- ▶ Print out your current license from your own printer.

If you do not have access to the Internet, please contact the Board office.



 <<PIN>>

renew your license with the renewal fee and late fee. After that date, if you have not renewed, your license will automatically expire and hard copy renewal would be required should you plan to hold nursing licensure in Montana. If you apply for renewal after the 45 day grace period, you will be asked by the board office if you have worked as a nurse in Montana after the 45 day grace period.

Returned Checks (non-sufficient funds): If your check or e-check is returned for non-sufficient funds, the board office will contact you and inform you that we must receive a money order or cashier's check for the **\$100.00 renewal fee plus a \$50.00 administrative fee for the NSF check.** The funds must reach the board office **within 10 calendar days or by December**

31st. You and your employer will also be notified that your license is not valid until the funds reach the board office and clear the bank.

There is an optional, but brief, online survey to complete with your renewal. Please take a few minutes to respond to this survey – it is important data to have in terms of planning for the future of nursing in Montana. Thank you!

Notes from the Nursing Assistance Program:

The Nursing Assistance Program (NAP) often receives calls from employers or nurses who are aware there is a nursing assistance program, but are uncertain of its exact function and purpose. So here's a quick overview:

In general, when there are issues of substance abuse or dependence, a licensed nurse is required to demonstrate the issue is resolved or in the case of dependency, that the condition is being successfully managed. Not managing an abuse or dependency issue may be a practice violation, as this may pose a risk to public safety. NAP offers the support and structure to assist nurses manage these issues.

NAP is a team of five professionals who have specialized knowledge and experience with impairment. The team consists of an MD Addictionist, two therapists who have both addiction and mental health licensure, a registered nurse with addiction licensure and a case manager. One primary function of "assistance" to nurses is assessment. Assessment allows for referral and monitoring of the appropriate services that predictably give the level of support needed to successfully manage the presenting issue. The other way we "assist" is by providing an objective measure of stability. Often times a nurse is not referred to our program until there is an obvious practice concern such as diversion of drugs from the workplace. In these situations, successful participation in NAP provides some assurance to the Board of Nursing, or to an employer, that the individual is managing addiction issues. It also provides a reasonable expectation that the licensee does not present a current risk to public safety.

The way NAP provides this objective measure is through monitoring of treatment compliance, a random drug screen program and through a monitored work supervision structure. Each participant is

required to have an identified nursing supervisor who agrees to oversee the individual's practice and report regularly to NAP regarding the individual's work performance. Because of the available monitoring of NAP, most nurses with impairment issues have been allowed the option of being able to continue their practice while addressing concerns relative to public safety.

NAP also has two types of participants: disciplinary and non-disciplinary. This has created some confusion. To clarify, there are not two types of monitoring. Although there may be some individual variations to contracts, these would typically be around length of time or the frequency of drug testing. In general everyone, regardless of disciplinary action, does the same monitoring program. Disciplinary referrals are those individuals whom the Board of Nursing has required to participate in NAP. In addition to being mandated to participate in NAP, there may also be action on the license such as formal probation. Whenever there has been formal action by the Board of Nursing, participants lose their anonymity in so much as that action and referral to NAP becomes part of the public record. People in the non-disciplinary track of NAP remain anonymous to the public and to the full Board of Nursing.

It is important to emphasize that in my experience working with the Board of Nursing, the vast majority of nurses who present with concerns are allowed a chance to enroll voluntarily in the non-disciplinary track. Individuals and employers may refer licensees directly to NAP and in many cases, the licensee can be admitted without Board review. In some cases where there are clear diversion or practice issues, the case must be forwarded to Board of Nursing and is then reviewed by the screening panel. Even then, the screening panel may support

non-disciplinary NAP when the individual has already signed a non-disciplinary contract with NAP.

Other odds and ends relevant to impairment issues:

It is a felony offense to take scheduled medication not prescribed to you (i.e. your co-worker's hydrocodone which he or she has generously offered for your sciatic pain). In this instance your friend is in trouble for practicing outside his or her scope of practice and you have committed a felony drug offense).

Be careful and cautious about new drugs marketed for pain relief which are often touted as non-habit forming. Often times, there is not the history of performance to really know if this is the case. In addition, marketers are tricky. For example, concerns have recently been raised about Tramadol/Ultram. In our program we have had participants identify this as their primary substance of abuse. Ultram is marketed as non-narcotic but binds to some of the opiate receptor sites so it functions like a synthetic narcotic in offering pain relief. The marketing has emphasized its anti-inflammatory properties and people commonly think they are taking something similar to Celebrex and may think they are choosing a safer option because it is non-narcotic. However, for some people with vulnerability to narcotics this may not be the best option.

Finally, please keep NAP in mind as a resource to help address any concerns you have about impairment issues. Please do not hesitate to contact our office with any questions you may have. Our contact number is 406-251-4210, our web site is www.mtmonitoring.org, and our e-mail address is mtassist@msn.com.

Emery Jones LCPC, LAC
Nursing Assistance Program Coordinator

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Outpatient Medication Dispensing in Emergency Departments by Licensed Nurses

Joint Position Statement of the Montana Boards of Pharmacy, Medical Examiners and Nursing / July 2008

This joint position statement addresses the role of licensed nurses functioning in the Emergency Department (ED) setting in the issuance of take-home medications to patients upon the order of a licensed health professional with prescribing authority. This agreement pertains to such practices when there is no open pharmacy within a 10-mile radius and when there is no staff pharmacist on duty at the time such services are necessary.

All three boards agree that no violation of rule or statute occurs when a licensed prescriber gives a licensed nurse an order for medications to be taken home by a registered ED patient. Pharmacists and practitioners holding prescribing authority may package and label medications for home use in this setting.

Because patients are best served by receiving these outpatient prescriptions at the point of care, the boards support the following procedures that are designed to safeguard public health and provide necessary services under these conditions.

Pharmacists who are responsible for medication provision in such facilities are required to establish procedures that support this practice in collaboration with their Pharmacy and Therapeutics Committee, hospital administration, staff physicians, APRNs, PAs and nurses. Procedures should include the identification of common medications typically prescribed for such purposes, and define appropriate quantities, packaging and labeling requirements.

The pharmacist and/or the licensed prescriber are responsible for the following procedures:

- proper packaging, such as placing the

medication in moisture and light resistant, childproof containers

- expiration date is noted on the packaging
- appropriate quantities of the medications are included based on typical utilization practices (medications, such as some antibiotics, that require reconstitution may be packaged together with a labeled bottle containing the correct amount of water and specific instructions for reconstitution)
- enclose/attach complete patient instructions (standard drug information/counseling sheet) with the package
- provide name of the medication, strength/dose and quantity of the medication on the package label
- place auxiliary labels on the package as applicable
- provide a place to write the date, prescriber, and patient's name on the label

Upon receiving an order for one of the prepared, packaged outpatient prescriptions, the licensed nurse must write the prescriber's full name, the date, and the patient's full name on the package label and document the action in the patient's medical record. The nurse must also extend an offer for medication counseling from either the pharmacist or the prescriber and explain how that may occur based on the organization's established policies and procedures.

We believe that this statement clarifies a formerly gray area without sacrificing patient safety. Please direct any questions you may have to your respective board.

Ronald Klein, RPh
Executive Director
Board of Pharmacy

Jeanne Worsch
Executive Director
Board of Medical Examiners

Barbara Swehla, MN RN
Executive Director
Board of Nursing

Presented by

Laura Gasparis Vonfrolio, RN, PhD
and St. Patrick Hospital
and Health Sciences Center

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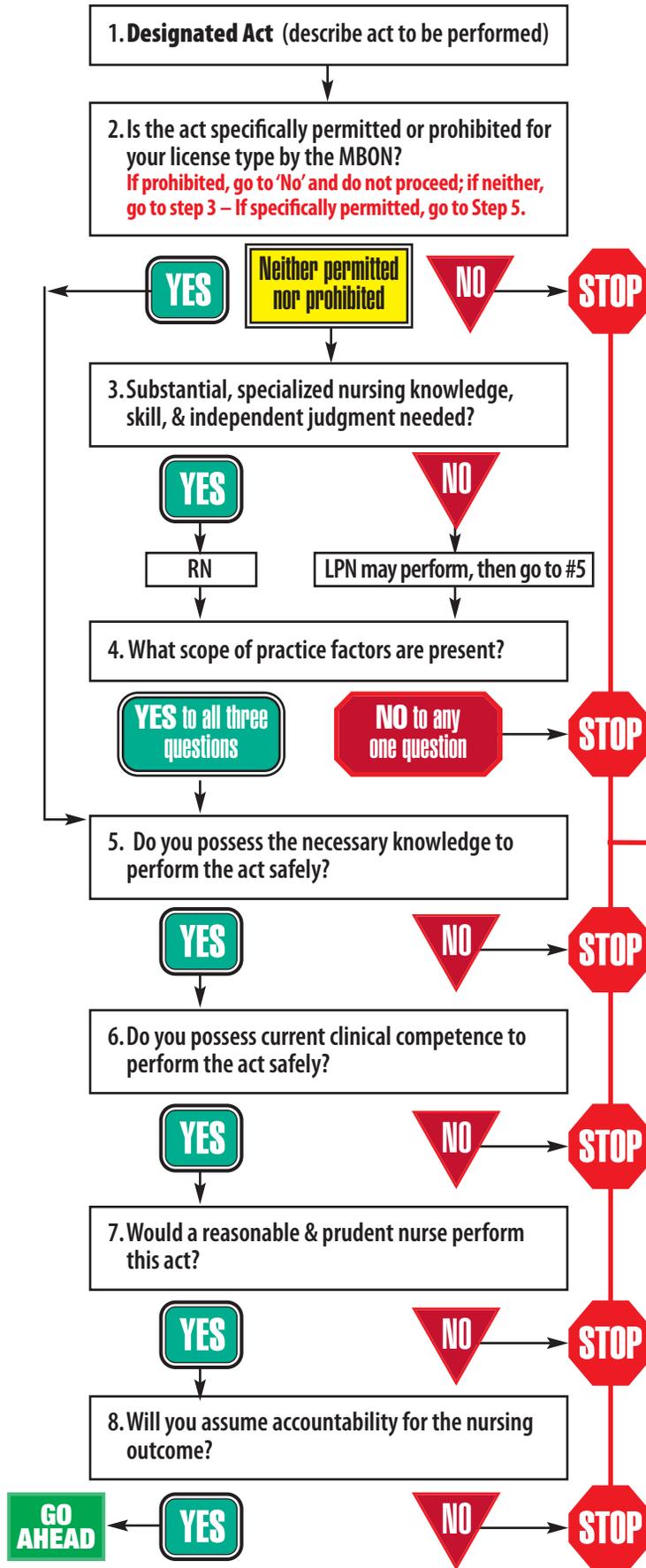
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MONTANA STATE BOARD OF NURSING (MBON)

SCOPE OF PRACTICE DECISION MAKING MODEL UPDATED 7-2008



1. Describe the act to be performed
2. Is the act specifically permitted or prohibited by the MBON laws, rules or declaratory rulings?

If no: and it is expressly prohibited, STOP.

If yes: go to Step 5.

If you are unsure, go to Step 3.

3. Does the act require you to have substantial specialized nursing knowledge or skill, does it require education beyond basic education for licensure & independent judgment?

If no: the act may be within the scope of practice for an RN or LPN.

If yes: it may be an act within the scope of practice for an RN or APRN.

4. Is the act consistent with the scope of practice based on the following factors?

a. Is the act included in a national nursing organization's specialty standards of practice?

b. Is the act supported by nursing literature & quality research?

c. Is there an appropriately established policy & procedure in place in the employing facility that allows this act to be performed by an RN?

You must answer 'yes' to all of these scope of practice questions in order to proceed to #5.

5. Do you personally possess the depth and breadth of knowledge to perform the act safely & effectively?

If no: the act may be within your scope of practice, but you do not have the knowledge base to perform it

If yes: continue to next question

6. Do you personally possess current, documented clinical competence to perform the act safely?

If no: the act may be within your scope of practice, but you do not have the documented competence to perform the act

If yes: continue on

7. Is the performance of the act within the accepted "standard of care" which would be provided in similar circumstances by reasonable & prudent nurses who have similar education and experience?

If no: the act should not be performed – performance of the act may place both the nurse & patient at risk

If yes: continue on

Anytime you hit STOP, defer to qualified professional AND CONTACT THE MBON OFFICE

8. Are you prepared to accept the consequences of your actions?

If no: the act should not be performed – performance of the act may place both the nurse & patient at risk

If yes:

a. perform the act per valid order if necessary, & in accordance with established policy & procedure/standards of care

b. assume accountability for provision of safe & effective nursing care

Health Care Licensing Bureau: Compliance Unit

by *Dustin Johnson, Compliance Specialist*

The primary mission of the Board of Nursing is to safeguard the health, welfare, and safety of the public. Much of the Board's efforts are proactive: ensuring that consumers of healthcare services are served by professionals who have been well-trained and are competent practitioners of their profession. Unfortunately, there are occasional instances where the health, welfare, and/or safety of the public is placed at risk. In those situations the Board's actions are reactive, and the Compliance Unit gets involved.

Health Care Licensing is a Bureau of the Department of Labor and Industry, Business Standards Division. Within the Bureau, the Compliance Unit receives complaints regarding licensees and monitors probationary licensees. As a licensed health care provider, you may be familiar with the Compliance Unit and the services we provide, but just in case you aren't I've provided a list of reasons. Also provided is contact information, and an announcement regarding an upcoming online service. Please note, correspondence related to a complaint is treated as confidential.

Why contact the Compliance Unit?

- To inquire about the complaint process, whether you are the person filing a complaint or have had a complaint filed against you.
- To inquire about disciplinary action on a licensee and obtain copies of the public documents pertaining to the case.
- To file a complaint, even on yourself. All licensed nurses are required to notify the Board of any known information regarding a possible violation of the statutes or rules relating to nursing - see A.R.M. 24.159.2301 (2)(p).
- To respond to a complaint that has been filed against your license. (These

responses must be in writing.)

- To inquire about the status of your probation or other Board-ordered sanction(s).
- To inquire about, or submit, quarterly reports.
- To update your address or employment information if you are in the complaint process or your license is in probationary status.
- To notify the Board of your intent to attend a Screening Panel meeting. You may wish to attend when the screening panel is discussing a complaint that was either filed on your license or you filed on someone else.

Employers may contact the Compliance Unit to obtain information concerning past disciplinary actions, current probation, or learn what is involved when employing a licensee with a probationary license.

The Compliance Unit cannot answer questions about nursing practice. Practice-related questions should be directed to the Executive Director.

How to contact the Compliance Unit

Health Care Licensing Bureau - Compliance

Attn: Dustin Johnson
PO Box 200513
Helena, MT 59620-0513

e-mail: djohnson@mt.gov
phone: (406) 841-2344
fax: (406) 841-2363

Upcoming Online Service:

Many employers and prospective employers are using our online Licensee Lookup System (<http://app.mt.gov/lookup>) to verify licensure and check for disciplinary actions on a license. Currently, if there has ever been disciplinary action

the system will have the following statement under Contested Case Information: Our records show that a disciplinary matter is pending or has been completed. Please contact the Board office if you require further information. This statement will be displayed for that license regardless of how long ago the discipline took place.

If the Licensee Lookup System indicates disciplinary action on the license, copies of the public records pertaining



to the action may be requested from the Compliance Unit. Beginning January 1, 2009, the legal documents will be viewable via the website. This pertains only to complaints where disciplinary action took place and a Notice of Proposed Disciplinary Action was issued. Complaints against a licensee that are dismissed, meaning the Screening Panel did not find reasonable cause, will not appear on the Licensee Lookup System.

Best wishes to you as you nobly serve the public of the State of Montana.

DO YOU HAVE A COMPLAINT?

Forms can be downloaded at our website: www.nurse.mt.gov or you may send an email requesting a form to: dlibsdnur@mt.gov

LICENSE DISCIPLINE

Name	City	State	License #	License Type	Disciplinary Action
TERESA WALLACE	IDAHO FALLS	ID	33221	RN	7/17/08 Suspension
LYNN ROSENBERGER	BROWNING	MT	27614	RN	7/17/08 Suspension
TRACY DALY	BUTTE	MT	29744	LPN	7/17/08 Probation Extended (1 yr)
RICHARD KUCHTYN	BUTTE	MT	28617	RN	7/17/08 Suspension
DEBRA BLIXT	CHOTEAU	MT	8088	LPN	7/17/08 Remedial Education
BETTY KLESS	EAST HELENA	MT	31127	RN	7/17/08 Remedial Education
MELANIE HARRISON	GREAT FALLS	MT	26462	LPN	7/17/08 Suspension
CAROLYN SHEPPARD	HAVRE	MT	24389	RN	7/17/08 Remedial Education, Probation, Chem. Dep. Eval.
PATRICIA BRAZEL JOHNSON	HELENA	MT	6084	LPN	7/17/08 Suspension
MALISA BARNHART	MILES CITY	MT	24266	RN	7/17/08 Suspension
JOANNE HAUGEN	MISSOULA	MT	9503	RN	7/17/08 Suspension
SARA STEINBEISSER	SIDNEY	MT	29454	LPN	7/17/08 Suspension
ROBERTA RIGSBEE	NAVAL AIR STATION/ JRB	TX	31412	RN	8/18/08 Summary Suspension
NICHOLE NICHOLS	KENNEWICK	WA	28214	RN	7/17/08 Suspension

CONTACT ROSTER

QUESTION	CONTACT
<ul style="list-style-type: none"> License Renewal or Re-Activation License Verification Duplicate License Rule Book Orders General Licensing Questions 	<p>Shelly Gloege OR Kelly Pfeifer (406) 841-2397 Licensing Specialist sgloege@mt.gov</p> <p>(406) 841-2345 Licensing Specialist kpfeifer@mt.gov</p>
<ul style="list-style-type: none"> Name/Address Change Applications for License by Examination Foreign Applicants Applications for Medication Aide License by Examination 	<p>Shelly Gloege (406) 841-2397 Licensing Specialist sgloege@mt.gov</p>
<ul style="list-style-type: none"> Applications for Licensure by Endorsement APRN Applications Prescriptive Authority Applications Non-routine Applications 	<p>Kelly Pfeifer (406) 841-2345 Licensing Specialist kpfeifer@mt.gov</p>
<ul style="list-style-type: none"> Board of Nursing Newsletter 	<p>Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov</p>
<ul style="list-style-type: none"> Nursing Practice Applications for Medication Aide Instructor and Program NCLEX Accommodations 	<p>Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov</p>
<ul style="list-style-type: none"> Formal Nursing Education NCLEX Accommodations Meeting Agenda Item Requests Requests for Presentation of BON Issues in your Facility and/or Community 	<p>Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov</p>
<ul style="list-style-type: none"> Disciplinary Issues Complaint Process License Suspension and Reinstatement 	<p>Dustin Johnson (406) 841-2344 Compliance Specialist djohnson@mt.gov</p>
<ul style="list-style-type: none"> Meeting Information APRN License Verifications 	<p>Cari Harris (406) 841-2340 Program Manager caharris@mt.gov</p>



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