

COVID-19 - Governor Abbott Waives Several Board of Nursing Regulations

Following Governor Greg Abbott's **state disaster declaration** on March 13, 2020, the Texas Board of Nursing, with direction and assistance from the Governor's Office, is implementing procedures to waive certain requirements to help the state's licensed vocational nurses, registered nurses, and advanced practice registered nurses respond to COVID-19. These requests for waivers are based upon the assertion that strict compliance with these laws could prevent, hinder, or delay the deliverance of nursing care in relation to efforts to cope with the declared disaster.

On March 21, 2020, in accordance with section 418.016 of the Texas Government Code, the Office of the Governor granted the Board of Nursing's request to suspend 22 Tex. Admin. Code 217.3(a)(2) and (4), 22 Tex. Admin. Code 214.10(e)(3), 22 Tex. Admin. Code 217.9(f), and 22 Tex. Admin. Code 217.9(g). This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020, disaster declaration is lifted or expires.

Below is a breakdown of each of the rules temporarily waived:

22 Tex. Admin. Code §217.3(a)(2) and (4) relating to Temporary Authorization to Practice/Temporary Permit:

This rule relates to temporary authorization to practice/temporary permits for graduate nurses and graduate vocational nurses. Prior to this waiver, the rule limited the length of a graduate nurse (GN) or graduate vocational nurse (GVN) permit to 75 days. **The granted waiver now allows the Board to extend GN and GVN permits up to 6 months.**

This extension will allow nurse graduates to continue to practice until they can take the licensing exam. These individuals must still be supervised by a licensed nurse in their GN/GVN roles. Employers will be able to employ these graduates and meet health care demands during the declared emergency. Further, the public will have greater access to care when health care demands are stretched if these individuals can practice during this time.

22 Tex. Admin. Code §214.10(e)(3) and §215.10(e)(3) relating to Clinical Learning Experiences for Vocational Nursing and Professional Nursing Education Programs:

Prior to this waiver, these rules limited clinical learning experiences for vocational nursing and professional/registered nursing students to 50% simulation activities in each clinical course. **The granted waiver now allows students in their final year of a nursing education program to meet clinical learning objectives by exceeding the 50% limit on simulated clinical learning experiences.**

This temporary waiver may help senior nursing students enrolled in a program that has ceased direct care clinical learning experiences to graduate as planned and become a part of the nursing workforce during this unprecedented disaster when employers need "all hands on deck".

22 Tex. Admin. Code 217.9(f) and 217.9(g) relating to Inactive and Retired Licensure Status:

Prior to this waiver, Rule 217.9(f) required a RN or LVN who has not practiced in Texas and whose license has been in an inactive state for less than 4 years to complete a reactivation application form, pay a fee, and submit verification of 20 hours of Continuing Education (CE). **The granted waiver now eliminates licensure reactivation fees and CE requirements for these applicants.** This will help expedite reactivation of licenses during this time of great need to increase the nursing workforce.

Prior to this waiver, Section 217.9 (g) required a RN or LVN whose license has been inactive for more than four years to complete a refresher course and jurisprudence exam, in addition to a reactivation fee and completion of CE. **This waiver eliminates licensure reactivation fees, CE requirements, refresher course requirements, and the jurisprudence exam requirement.** Employers who seek to employ nurses who have been out of practice for a significant period of time are encouraged to assess each nurse's competency and offer orientation necessary to assure the nurse is competent to practice safely.

NOTE: Licenses that are suspended, revoked, surrendered, otherwise placed inactive based on the terms of any prior disciplinary order, and licenses currently under disciplinary monitoring or investigation are excluded from the Governor approved waiver process.

6-month Grace Period Granted for Licensure Renewal

The Office of the Governor granted a waiver of Texas Occupations Code 301.301(c), (c-1), and (f), **22 Tex. Admin. Code 223.1(a)(5), 22 Tex. Admin. Code 217.6(a), and 22 Tex. Admin. Code 216.8(d)(1).** As a result of these waived regulations, beginning on March 23, 2020, Licensed Vocational Nurses, Registered Nurses, and Advanced Practice Registered Nurses will have a grace period until September 30, 2020, to renew the license without any late fees incurred or need to submit evidence of continuing education to meet continuing competency requirements for renewal. This waiver also applies to renewals of prescriptive authority.

Additionally, any nurse whose license expires between March 23 and September 30, 2020, may continue to practice until September 30, 2020. For more information please visit the Board's COVID-19 Licensing page here: www.bon.texas.gov/COVID-19Licensing.asp.

Inside this issue

- 1 COVID-19 - Governor Abbott Waives Several Board of Nursing Regulations
- 2 Governor Grants Waiver for APRN Controlled Substance Prescribing for Chronic Pain Via Telemedicine Expedited Licensing Waiver Issued for APRNs Beware of Scam Tactics Utilized During the COVID-19 Outbreak
- 3 Summary of Actions Nursing Education Actions
- 4 Nursing Practice and COVID-19 Considerations
- 5-6 Frequently Asked Questions Relating to Nursing Practice in Disaster Areas
- 6 Information for Employers Regarding the Licensure Waiver During the COVID-19 Disaster
- 7-8 APRN Practice Frequently Asked Questions - COVID-19
- 8 News from Operations Prescription Monitoring Program Checks Mandatory Effective March 1
- 9 The Future of Nursing in Texas: Moving Stakeholders Towards Alignment Texas Strong on NCLEX-RN Examination Pass Rates
- 10-11 Managing Clinical Experiences During the COVID-19 Pandemic
- 12-14 Notice of Disciplinary Action New Nurse Portal Delayed Until June Imposter Warning
- 15 BON Meeting Schedule

2020 BON Workshop/Webinar Schedule

Governor Abbott Grants COVID-19 Waivers

Concerning APRNs

Waiver Granted for APRN Controlled Substance Prescribing for Chronic Pain Via Telemedicine

The Office of the Governor granted a waiver of the Texas Board of Nursing Rule 217.24(e)(1) that limits the advance practice registered nurse's (APRN's) ability to issue prescriptions for controlled substances for chronic pain via telemedicine. A waiver from this prohibition for re-filling controlled substances for chronic pain patients evaluated via telemedicine was granted and is in effect until April 10, 2020. The waiver is only applicable to those APRNs whose delegating physicians agree to permit them to issue refills for these patients via telemedicine. The standard of care must be met, the APRN must exercise appropriate professional judgment, and all documentation requirements must be met. For APRNs, the waiver is limited to refills of controlled substances in schedules III through V. The waiver does not expand the APRN's authority to order or prescribe schedule II drugs.

Expedited Licensing Waiver Issued for APRNs

In accordance with section 418.016 of the Texas Government Code, the Office of the Governor granted the Board of Nursing's request to suspend certain regulations as follows:

- **22 Tex. Admin. Code 221.10(b)**, to the extent necessary to not require APRNs whose license has been inactive and who have not practiced for more than two years, but less than four years, to pay the reactivation fee, complete the continuing education requirements, and complete the current practice requirements;
- **22 Tex. Admin Code 221.10(c)**, to the extent necessary to not require APRNs whose licenses have been inactive and who have not practiced for more than four years since the completion of the APRN education program and/or have not practiced in the advanced role and population focus area during the previous four years to pay the reactivation fee and complete the continuing education requirements; and
- **22 Tex. Admin. Code 221.8(a)(3) and (4)**.

These suspensions are in effect until terminated by the Office of the Governor or until the March 13, 2020, disaster declaration is lifted or expires. For further explanation concerning what these rule waivers mean for those seeking to reactivate an inactive APRN license during the disaster declaration, visit the COVID-19 Information page which is located on the top of the BON home page. See also: <https://www.bon.texas.gov/COVID-19APRNlicensingMarch-28thannouncement.asp> for further information.

NOTE: An APRN license that has been suspended, revoked, surrendered, otherwise placed inactive based on the terms of any prior disciplinary order, and licenses currently under disciplinary monitoring or investigation are excluded from the Governor approved waiver process.

Beware of Scam Tactics Utilized During the COVID-19 Outbreak

In the January 2020 issue of the *Board of Nursing Bulletin* (p. 10, https://www.bon.texas.gov/pdfs/newsletter_pdfs/2020/January%202020%20Bulletin%20Web.pdf), nurses were warned about telephone scams attempted against Texas nurses. Since that time, Board staff have received information from nurses concerning a new scam involving nurse recruiters seeking personal information under the guise of employment opportunities related to COVID-19 response. Nurses have reported that they are pressured to provide personal information and sign exclusive employment contracts with recruiters after receiving advertisements for positions which may have already been filled. The recruiter was also alleged to be in possession of the nurse's resume, even though the nurse had not provided the resume to the company.

Nurses who think that they may be the victim of a scammer should contact the Office of the Attorney General of Texas. Visit <https://www.texasattorneygeneral.gov/consumer-protection/phone-mail-and-fax-scams/how-spot-and-report-phone-scams>, for more information on phone scams and to file an Online Consumer Complaint.



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Summary of Actions



A regular meeting of the Board of Nursing was held January 23-24 2020, in Austin. The following is a summary of Board actions taken during this meeting.

The Board proposed amendments to §217.2, relating to *Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions*. The proposed amendments clarify that applicants submitting fingerprints for a complete criminal background check in compliance with the Occupations Code §301.2511 will no longer utilize a fingerprint card to do so; instead, they will submit their fingerprints directly to the Board's third party vendor. The proposed amendments also eliminate subsection (f) of the section because military programs, like the U.S. Army Practical Nurse Course, are reviewed and approved by the Board in the same manner as all other nursing programs.

The BON proposed amendments to §217.3, relating to *Temporary Authorization to Practice/Temporary Permit*. The proposed amendments require new graduates seeking temporary authorization to practice as a graduate nurse or graduate vocational nurse to submit fingerprints for a complete criminal background check prior to licensure, and pass the jurisprudence exam prior to receiving a graduate nurse or graduate vocational nurse permit.

The Board proposed amendments to §217.4, relating to *Requirements for Initial Licensure by Examination for Nurses Who Graduate from Nursing Education Programs Outside of United States' Jurisdiction*, and §217.5, relating to *Temporary License and Endorsement*. The proposed amendments eliminate the requirement that an applicant must choose from the three credential evaluation services traditionally recognized by the Board and allows applicants to utilize any credential evaluation service meeting the standards set by the Board. Further, the proposed amendments set forth the minimum criteria credential evaluation services must meet in order to be approved by the Board.

The Board proposed amendments to §217.6, relating to *Failure to Renew License*, and §217.9, relating to *Inactive and Retired Status*. The proposed amendments eliminate the requirement that certain nurses must complete a Texas Board of Nursing Jurisprudence Prep Course, the Texas Board of Nursing Jurisprudence and Ethics Workshop, or a Texas Board of Nursing approved Nursing Jurisprudence and Ethics Course, in addition to completing a refresher course, extensive orientation to nursing, or program of study.

The BON proposed the repeal of §217.8, relating to Duplicate or Substitute Credentials. The proposed repeal eliminates the section in its entirety, as the Board's processes have changed over time, and the current section is now obsolete. Because an individual may now verify his/her license and print a wall certificate directly from the Board's website, the Board has stopped printing duplicate wall certificates for licensees whose original wall certificate was lost or destroyed.

The BON proposed amendments to §222.3, relating to *Renewal of Prescriptive Authority*. The proposed amendments are necessary for consistency with adopted changes to §216.3, pertaining to Continuing Competency, which was amended on November 19, 2019, in order to implement the requirements of House Bill (HB) 2454, HB 2059, HB 3285, and HB 2174. The proposed amendments eliminate the requirement that an APRN must complete three additional hours of continuing education relating to prescribing controlled substances for renewal.

Nursing Education Actions - January 2020 Board Meeting

Reviewed Reports:

Status Report on New Nursing Education Programs and Currently Active and Potential Proposals

Status Report on Programs with Sanctions

Report on Communication Activities with Nursing Education Programs

Summary Report of Self-Study Reports for Vocational Nursing Education Programs for 2018

Report of 2019 NCLEX-RN® Examination Pass Rates

Report of the Status of Board-Required Refresher Courses

Approved Reports of Survey Visits:

El Paso Community College Vocational Nursing (VN) Education Program in El Paso

Hill College VN Education Program in Hillsboro

Howard College VN Education Program in Big Spring

Lone Star College District VN Education Programs in the Greater Houston area

Midland College VN Education Program in Midland

Paris Junior College VN Education Program in Paris

Change in Approval Status from Initial to Full Approval:

Texas A&M Texarkana Baccalaureate Degree Nursing (BSN) Education Program in Texarkana

Change in Approval Status from Conditional Approval to Initial Approval:

CyberTex Institute of Technology VN Education Program in Austin

Change in Approval Status from Initial Approval with Warning to Conditional Approval:

St. Philip's College Associate Degree Nursing (ADN) Education Program in San Antonio

Notification of Award of National Nursing Accreditation:

Houston Baptist University Master's Degree in Nursing with Family Nurse Practitioner and Pediatric Nurse Practitioner Programs in Houston

Proposal for New BSN Education in Public Community Colleges:

Del Mar College in Corpus Christi
San Jacinto College in Pasadena

Approved Report of Innovative Pilot Project:

Del Mar College ADN Education Program in Corpus Christi

Nursing Practice and COVID-19 Considerations

Nurses are an integral part of safe patient care and are patient safety advocates. In order to advocate for patients, nurses must protect first themselves with personal protective equipment and follow other appropriate guidelines to prevent exposure to and the potential spread of infectious pathogens and communicable conditions [Board Rule 217.11(1)(O)]. The Texas Board of Nursing (Board or BON) encourages all nurses to become informed and make decisions based on evidence and research from reputable sources.

Nurses have the opportunity to provide education and guidance to patients, families, communities, and other members of the healthcare team. The BON regulates the practice of nursing and cannot direct a healthcare facility on the COVID-19 preparedness or response; nor can the BON make determinations on whether healthcare facilities are prepared. These types of questions should be directed to the **Texas Department of State Health Services**.

Board Rule 217.11, Standards of Nursing Practice is the heart of nursing practice. Every nurse should obtain instruction and supervision when implementing nursing procedures [Board Rule 217.11(1)(G)] and make reasonable efforts to obtain orientation and training to develop or maintain competency [Board Rule 217.11(1)(H)]. All nurses are responsible for their own continuing competency in nursing practice [Board Rule 217.11(1)(R)] when providing care in unfamiliar care situations. Additionally, Board Rule 217.11(1)(E) requires nurses to protect a client's right to privacy and protected health information and provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served [Board Rule 217.11(1)(L)].

Additionally, each nurse must individually determine his/her scope of practice using the Board's **Scope of Practice Decision-Making Model (DMM)**, a step-by-step tool all nurses practicing in Texas can use to determine if any given task/procedure is within their individual scope of practice. The DMM is designed to be used in sequence, beginning at the top with question number one. In the model, nurses are asked reflective questions, and depending on how they answer, they are directed to continue through the model or stop. In your progression through the model, you can also reference professional nursing organizations or specialty associations to assist you in determining the standard of care in your practice setting you describe and your individual scope of practice. At any point, if you reach a **Stop Sign**, you should consider the activity or intervention in question beyond (or outside) your scope of practice. For example, on Question 4, if you are unable to find supporting evidence-based practice findings and/or guidelines or scope of practice/position statements from national nursing organizations, this would not be within the nursing scope of practice.

The standards of practice further require nurses to accept only those assignments they are competent to carry out safely [Board Rule 217.11(1)(B) and (T)]. Information about Safe Harbor may be helpful to you as you decide whether you are competent to care for patients who may have COVID-19. It's important to remember that the Safe Harbor process is collaborative in nature and focuses on problem solving. Refusing to engage in an assignment related to standards (B) and (T) [noted above] may be the basis for invoking Safe Harbor. The **Nursing Practice Act (NPA) Section 301.352** permits a nurse to refuse to engage in conduct that may jeopardize the safety of a patient or is unlawful.

When considering whether refusing an assignment and invoking Safe Harbor is an appropriate action, we recommend that you review **Position Statement 15.6, Board Rules Associated With Alleged Patient Abandonment**. This position statement provides the Board's opinion on the distinction between a nurse leaving an employment setting versus a nurse violating a duty to a patient through leaving an assignment. The first is an employment issue and the second is potentially a licensure issue.

The standards of practice are also applicable to advanced practice registered nurses (APRNs). APRNs may only provide advanced practice nursing care that is within the scope of the role and population focus area for which they have been licensed by the Board. Board Rule 221.13(b) clarifies that APRNs must practice within the role and population focus consistent with their formal educational preparation. Likewise, APRNs must continue to have physician delegation when providing medical aspects of patient care. Although the governor may elect to waive certain requirements, such as the requirement for a written prescriptive authority agreement, during declared disasters, the requirement for physician delegation is not waived. More information regarding **APRN scope of practice** is available on our website.

Lastly, several agencies and organizations have the most current information related to COVID-19 and these include (but are not limited to) the following:

Texas Department of State Health Services: www.dshs.texas.gov/coronavirus/

Centers for Disease Control: www.cdc.gov/coronavirus/2019-nCoV/index.html

American Nurses Association: www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/

Texas Nurses Association (TNA): www.texasnurses.org/

You may wish to seek your own private, legal counsel to help identify, interpret, and apply laws to your practice. The front page of the Board's website, along with the **COVID-19 section**, will be periodically updated with new information as it becomes available.

Frequently Asked Questions Relating to Nursing Practice in Disaster Areas



1. In a disaster, is there an expansion to the registered nurse (RN) or licensed vocational nurse (LVN) scope of practice?

- The RN and LVN scope of practice remains unchanged in a disaster. The Nursing Practice Act (NPA) describes a defined limit to nursing practice, as **nursing practice “does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures”** [Nursing Practice Act (NPA) 301.002(2)&(5)]. The practice of nursing requires the acts/procedures being performed be within the scope of that particular nurses’ practice and that appropriate orders be in place for acts that go beyond the practice of nursing.
- The Texas Board of nursing (Board or BON) website contains guidance in the determination of what is within an individual nurse’s scope of practice. Board staff recommend review of the following documents:
 - Board Rule 217.11—*Standards of Nursing Practice*,
 - Position Statement 15.27—*The Licensed Vocational Nurse Scope of Practice*,
 - Position statement 15.28—*The Registered Nurse Scope of Practice*
 - Practice- *Vocational Nurse Practice*
 - Practice- *Registered Nurse Practice*
 - FAQs *LVNs “Supervision of Practice”* and *Position Statements 15.27, The LVN Scope of Practice, and 15.28, The RN Scope of Practice*.

2. During a disaster, do I still need physician orders to provide medications to patients?

- The NPA describes a defined limit to nursing practice, as **nursing practice “does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures”** [NPA 301.002(2)&(5)]. Both LVNs and RNs must have a valid order for “the administration of a medication or treatment as ordered by a physician, podiatrist, or dentist” [NPA 301.002(2)(C)].
 - Board Position Statements also clarify:

- **Nurses Carrying out Orders from Physician Assistants**
- **Nurses Carrying out Orders from Advanced Practice Registered Nurses.**

- In a disaster, nurses may be utilizing delegation orders from a physician to provide care. **Position Statement 15.5** discusses nurses with the responsibility for initiating standing orders. This position statement outlines the differences between:
 - **Standing delegation orders** - written instructions, orders, or procedures that provide the authority for a plan to be implemented for patients presenting prior to being examined or evaluated by a physician,
 - **Standing medical orders** - written instructions, orders or procedures prepared by a physician or approved by the medical staff of an institution for patients that have been evaluated or examined by a physician, and
 - **Protocols** - narrowly defined by the Texas Medical Board (TMB) and **applicable only** to Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs).
- Board staff suggest review of this position statement as a resource for understanding the important elements of standing orders. Carrying out some physician’s orders may constitute the practice of nursing, but others may be considered delegated medical acts. Board **Position Statement 15.11—Delegated Medical Acts**—is also a valuable resource for nurses. Delegated medical acts do not diminish the responsibility in any way of the nurse to adhere to the *Standards of Nursing Practice*, Board Rule **217.11**.

3. NURSING WORKFORCE ISSUES DURING A DISASTER:

a. During a disaster, can I be required to work overtime?

- During times of disaster, there is an unexpected increased need for health care personnel. An emergency, disaster, or unforeseen event constitutes an exception to the prohibition of mandatory overtime and is detailed in the **Health and Safety Code-Licensing of Health Facilities: Chapter 258 Mandatory Overtime for Nurses Prohibited**. Board Rule 217.11(1)(A) requires nurses to know and conform to the Texas Nursing Practice Act and the Board’s rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse’s current area of nursing practice.

b. Do Board rules set forth detailed guidance for appropriate use of personal protective equipment?

- No. While there are standards of practice for all nurses set forth in **Board Rule 217.11** that speak to a nurse’s duty to implement infection control measures, Board rules do not outline the specific measures to be taken in a given situation, including a disaster setting.

Relevant regulations include Board Rule 217.11 (1) (B) that requires that all nurses implement measures to promote a safe environment for clients and others and 217.11 (1)(O) that requires all nurses to implement measures to prevent exposure to infectious pathogens and communicable conditions. Nurses in need of specific guidance for appropriate infection control measures are encouraged to seek current information from the **Centers for Disease Control and Prevention**, and the **Texas Department of State Health Services**.

c. Is it patient abandonment if I call in sick during a disaster?

- A nurse may have to choose between the duty to provide safe patient care and protecting the nurse’s own life during an emergency, including but not limited to disasters. These situations are challenging for all nurses and their employers; therefore the Board recommends policies and procedures be developed and periodically reviewed to provide clear guidance and direction to nurses in

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Disaster Area FAQs - cont. from prev. page

order for patients to receive safe and effective care.

- All nurses, regardless of practice setting or position title/role, are required to adhere to the NPA and Board Rules. There is also no routine answer to the question, "When does the nurse's duty to a patient begin?" The nurse's duty is not defined by any single event such as clocking in or taking report. From a BON standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting. **Position Statement 15.6 Board Rules Associated with Alleged Patient "Abandonment"** provides additional guidance on this topic.
- The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff, or other staffing-related situations. *Clear communication* between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising either patient safety or a nurse's license.

d. What do I do if my employer requires me to stay for a double shift during a disaster and I am already physically exhausted? I am concerned I cannot give proper care and attention to my patients due to fatigue.

- A nurse must consider Board Rule 217.11—**Standards of Nursing Practice** Sections (1)(B) & (1)(T), that state a nurse must accept only those assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge and physical and emotional ability.
- If a nurse feels he/she is being asked to accept an assignment that would potentially cause the nurse to violate his/her duty to a patient, the nurse may be able to invoke "safe harbor," depending on whether or not the nurse's employer meets requirements that would make it mandatory for the employer to have a nursing peer review plan in place. This is established in the **NPA, Chapter 303, Peer Review**, and in Board Rule **217.20, Safe Harbor Nursing Peer Review and Whistleblower Protections**. Safe Harbor has two effects related to the

nurse's license:

- It is a means by which a nurse can request a nursing peer review committee determination of a specific situation in relation to the nurse's duty to a patient; and
 - Affords a nurse immunity from Board action against the nurse's license if the nurse invokes safe harbor in accordance with Board Rule 217.20. For the nurse to activate this immunity status, the nurse must notify the assigning supervisor prior to engaging in the conduct or assignment that he/she is invoking safe harbor, and the nurse, or nurse supervisor in certain circumstances, must document the required information as specified in Board Rule 217.20(d). Please see the **Safe Harbor Nursing Peer Review FAQs** also available on the BON website.
 - A nurse may orally invoke safe harbor due to immediate patient care needs by notifying the nurse's supervisor of the request. The supervisor must then document all the requirements specified in Board Rule **217.20(d)(3) the Safe Harbor Quick Request**. A detailed written account of the safe harbor request that meets the requirements of the **Comprehensive Written Request for Safe Harbor Nursing Peer Review** must be completed before leaving the work setting at the end of the work period [Board Rule **217.20(d)(4)**].
- e. We cannot get enough staff and I feel my patient load is unsafe. If I invoke Safe Harbor, can I just refuse the assignment?**
- Patients are better off with the nurse than without the nurse in the vast majority of cases, and this is especially true in disasters. However, Board Rule **217.20(g)** clarifies that a nurse may accept the assignment when safe harbor has been invoked and is pending peer review determination **unless** the requested assignment or conduct is one that:
 - constitutes a criminal act;
 - constitutes unprofessional conduct; or
 - the nurse lacks the basic knowledge, skills, and abilities necessary to deliver nursing care that is safe and that meets the minimum standards of care to such an extent that accepting the

assignment would expose one or more patients to an unjustifiable risk of harm.

- During a disaster, staffing is typically a challenge. A request to accept an assignment when a nurse believes the nurse staffing levels are unsafe would be conduct a nurse normally would engage in pending nursing peer review's determination since the supervisor normally would have some reasonable legal or factual basis to support her/his belief that the requested assignment does not violate a nurse's duty to a patient, even if the nursing peer review committee ultimately determines otherwise.

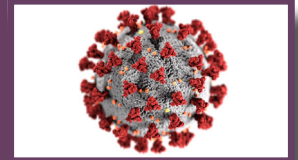
Should you have further questions or are in need of clarification, please feel free to contact the Board.

Information for Employers Regarding the Licensure Waiver During the COVID-19 Disaster

On March 14th, Governor Abbott directed the Texas Board of Nursing (Board) to fast-track the temporary licensing of out-of-state nurses, and other license types to assist in Texas' response to COVID-19. In accordance with **Section 418.171 of Texas Government Code**, any out-of-state nurse may practice in Texas for the purpose of rendering aid, provided the nurse holds a current license in good standing in their home state. **Therefore, any out-of-state nurse with a license in good standing is not required to hold a Texas license in order to practice nursing in a disaster relief effort operation setting.** The Board will not issue letters of approval or verification to work in this capacity for nurses with out-of-state licenses in good standing. Employers can verify the status of an out-of-state license by visiting the NURSIS website at: www.nursis.com/. The NURSIS licensure and disciplinary database is the repository of data provided directly from state boards of nursing, and is a primary source equivalent.

If you are requiring a nurse with an out-of-state license to work in a capacity beyond assistance with the COVID-19 response or to obtain Texas licensure, the nurse will need to apply for licensure in Texas and submit all supporting documents and licensure fees in the usual manner. The requirements and processes for full or temporary Texas licensure have not been waived for those nurses who wish to practice beyond the COVID-19 disaster response.

APRN Practice Frequently Asked Questions - COVID-19



Scope of Practice

1. What is my advance practice registered nurse (APRN) scope when practicing as part of disaster relief efforts?

The scope of practice regulations for all nurses, including APRNs, remains unchanged and all nurses must practice within the scope of their respective licensure. Your scope of practice is based on your formal education in your advanced practice role and population focus area as provided for in **Board Rule 221.12**. Additional information regarding scope of practice is available at https://www.bon.texas.gov/practice_scope_of_practice_aprn.asp

2. Is my scope of practice expanded during a declared disaster or emergency?

No. You are required to practice in the role and population focus area for which you have been educated and licensed by the Texas Board of Nursing (Board or BON). APRNs are educated to provide *medical aspects* of patient care to a particular population focus area. Informal continuing nursing education or on-the job training and/or previous work experience cannot be substituted for formal education leading to the next level of practice/licensure or authorization. If necessary during a declared emergency or disaster the APRN could perform nursing aspects of care within his/her scope as an RN (i.e., performing nursing assessments, making nursing diagnoses, and developing nursing plans of care), but may not cross over into medical aspects of care or prescription

of therapeutic or corrective measures when providing care to patients outside their population focus.

3. If a physician delegates the authority to expand my scope of practice or agrees to sign progress notes, may I do so?

No. Physician delegation does not provide authority for a nurse at any level of licensure to exceed the scope of practice for which he/she has been licensed, and co-signature is not an acceptable mechanism for expanding one's scope of practice. APRNs have a licensure duty to their patients that supersedes physician delegation and is in effect at all times when providing nursing care. Nurses function under their own licenses and assume responsibility and accountability for quality, safe care. Nurses do not practice under the protections of "a physician's license" and each nurse is ultimately individually responsible for the assignments he/she accepts.

Physician Delegation to Provide Medical Aspects of Care and Prescriptive Authority

1. Can APRNs be exempted from requirements for protocols and prescriptive authority agreements?

In Texas, APRNs must have delegated authority to provide medical aspects of care and prescriptive authority from a physician. While the disaster declaration approved by the Governor is in effect, APRNs are not required to have written agreements while practicing in a disaster relief operation setting [Texas Administrative Code **170.20** & **172.21(c)**]. However, APRNs must establish a verbal agreement for delegation. We recommend that APRNs keep their own personal records of the physician(s) with whom they collaborate for disaster relief purposes should that information be required in the future for any reason. The waiver of this requirement is only applicable to those APRNs who are providing health care

services as part of the disaster relief efforts. APRNs practicing in their regular practice sites must continue to practice under their protocols/prescriptive authority agreements.

2. Do APRNs who are licensed in other states but are in Texas to help with relief efforts have to develop these documents prior to practicing?

No. Board Rules 221.13(d) and 222.5 potentially require production of documents establishing the physician and APRN's agreement that are time consuming. The waiver from requirements to execute a written protocol and/or prescriptive authority agreement is in effect to permit the providers to spend their time with patients and not in the preparation and negotiation of such agreements. All APRNs practicing in Texas are required to comply with the NPA and Board rules. As such all APRNs must establish a verbal agreement for delegated authority to provide medical aspects of care and prescriptive authority with a physician at the site where they are providing care.

3. Must the physician be licensed in Texas?

The physician must be licensed by the Texas Medical Board and practicing in Texas prior to the date of the disaster or emergency declaration and without restrictions on ability to supervise or delegate [Texas Administrative Code section **172(b)(1)**]. For additional information regarding emergency procedures instituted by the Texas Medical Board, please visit their website at <http://www.tmb.state.tx.us/>.

Prescriptive Authority

May I use prescriptive authority to assist in emergency relief efforts?

- Yes. If you are licensed in Texas and have prescriptive authority, you may prescribe drugs and devices to patients during the emergency situation. Before doing so, you must have a verbal agreement with a physician at the disaster relief site where you are providing care. If you are assisting with relief efforts in Texas based on APRN licensure and prescriptive authority in another jurisdiction, you must work with a physician to delegate the authority to prescribe. For example, this can be a physician physically present at the practice site or a medical director for the site. You do not need to develop written prescriptive authority agreements while the waiver of certain Board Rules by the Office of the Governor is in effect and during the period the disaster declaration is in effect.

1. Can I prescribe controlled substances?

- At this time requirements related to prescribing controlled substances have not been waived in Texas. APRNs who already have a written prescriptive authority agreement with a delegating physician in Texas that includes prescribing controlled substances should discuss their ability to prescribe controlled substances with the delegating physician with whom they are registered with the Texas Medical Board. If both parties are in agreement that the APRN may prescribe controlled substances in support of disaster relief efforts, the APRN may do so under his/her existing prescriptive authority agreement. The

APRN must comply with all federal and state laws and regulations relating to the ordering and prescribing of controlled substances including those requirements specified by the DEA.

- Out of state licensed APRNs practicing in Texas for disaster relief efforts must establish physician delegation to prescribe controlled substances, and ensure compliance with **Board Rule 222.8** and **22 Texas Administrative Code section 172(b)(1)**. The APRN must also all comply with all federal and state laws and regulations relating to the ordering and prescribing of controlled substances including those requirements specified by the DEA. Information regarding requests for DEA emergency disaster assistance involving the relocation of your DEA registered address to a new location, the approval of a new address to dispense controlled substances, or the transfer of an existing DEA registration number from an out of state location may be found at https://www.deadiversion.usdoj.gov/disaster_relief.htm. REMINDER: IT IS A VIOLATION OF FEDERAL LAW AND BOARD RULE TO ISSUE PRESCRIPTIONS FOR CONTROLLED SUBSTANCES UNDER ANOTHER PROVIDER'S DEA REGISTRATION.

News from Operations

COVID-19 Outbreak May Impact Processing Time for Licensing

The Texas Board of Nursing will continue normal operations as the State of Texas deals with the COVID-19 outbreak. As we transition some staff to working from home and other staff taking care of family and other obligations during this emergency, the possibility exists that license processing times could be longer. We appreciate your patience and understanding during this period.

Continuing Competency Requirements for Licensure Renewal during COVID-19 Disaster Declaration Period

The Board of Nursing will consider extenuating circumstances on a case-by-case basis regarding the completion of continuing competency requirements for licensure renewal during the COVID-19 Disaster Declaration Period. For more information about continuing competency requirements, please visit the Board's Frequently Asked Questions for Continuing Education & Competency at:

http://www.bon.texas.gov/faq_education_continuing_ed_and_competency.asp

If a licensee needs to request a waiver of continuing competency requirements, please email a request to the following address: Mark.Majek@bon.texas.gov. In the request, include your name, date of birth, and license number. Once received and approved, the BON will allow an online renewal.

Reminder to APRNs: Prescription Monitoring Program Checks Mandatory Effective March 1

Advanced practice registered nurses (APRNs) who prescribe opioids, benzodiazepines, barbiturates, or carisoprodol are required to access and review the prescription monitoring program (PMP) prior to issuing prescriptions for these types of drugs. APRNs must document in the medical record that the review of the PMP occurred and document the rationale for prescribing the controlled drug. Exemptions from checking the PMP may be granted for patients who

- have sickle cell disease,
- have been diagnosed with cancer, or
- are receiving hospice care.

If one of these exemptions applies, the APRN must clearly note the exemption on the prescription or in the electronic prescription record.



The Future of Nursing in Texas: Moving Stakeholders Towards Alignment

The Texas Board of Nursing and the Texas Organization for Nursing Leadership co-hosted an invitational Nursing Summit entitled The Future of Nursing in Texas: Stakeholders Moving Towards Alignment in Austin, Texas, on February 24-25, 2020. The event was the culmination of discussions from a Task Force to Study Implications of Growth in Nursing

Education Programs in Texas charged by the Texas Board of Nursing to “create a dialogue between nursing education and clinical partners to facilitate optimal clinical learning experiences for all constituents.” On Day Two of the Summit, the dialogue between education and practice was actualized through a World Café focusing on major identified issues in nursing education, clinical learning experiences, and transition to practice.



Day One of the Summit laid the foundation for the conversations on Day Two and included presentations by Dr. Sue Hassmiller, National Academy of Medicine, in real time video; Dr. Lisa Campbell, Texas Tech University Health Sciences Center School of Nursing, on the social determinants of health; Pamela Lauer, Texas Center for Nursing Workforce Studies, on the State of the State in Nursing through Texas Data; an APRN Panel considering the preceptor role in APRN education, transition to advanced practice, and scope of APRN practice; Dr. Nancy Spector, National Council of State Boards of Nursing (NCSBN), on the Gap/Transition to Practice; Rachel Barbey, Texas Student Nurses Association, on the student perspective on clinical experiences; and Dr. Joan Stanley and Dr. Lin Zhan, American Association of Colleges of Nursing, on the new Essentials.



Day Two began with a presentation of the patient perspective by David Saucedo, Texas Board of Nursing Vice President. To introduce the World Café model, Dr. Kristin Benton provided an overview and instructions; Dr. Janice Hooper moderated a demonstration panel for the World Café conversation using the topic of transition to practice.

There were 24 conversation tables for the World Café and 12 topics with specific questions for each table. A table facilitator monitored each conversation, took notes, and managed the time allowed for five rotations of participants. DNP students from major universities in Texas and Board Task Force members and staff served as table facilitators. The summit concluded with a final collective meeting in the auditorium, to “harvest” the ideas discussed during the World Café. Each facilitator gave a brief report of the discussion highlights to all participants. Following analysis of the notes taken on the ideas discussed, a final report with recommendations will be disseminated widely.

Texas Strong on NCLEX-RN® Examination Pass Rates

The 2019 NCLEX-RN® examination pass rates for the RN education programs were presented to the Board of Nursing at the January 2020 meeting. The 2019 NCLEX average for all Board-approved nursing programs preparing RNs was 91.90% with 11,905 first-time test-takers passing the exam out of 12,954 total candidates for the exam. Texas is one of three states (Texas, Florida, and California) who graduate more than 12,000 RN students each year. The state and national averages for the past five years for RN programs is provided in the table below:

Exam Year	Texas Average (Candidates)	US Average (Candidates)
2019	91.90% (11,905/12,954)	88.07% (150,508/170,899)
2018	91.62% (11,446/12,493)	88.56% (143,508/162,041)
2017	89.77% (10,386/11,570)	86.94% (136,533/157,045)
2016	87.14% (9,945/11,413)	84.30% (133,224/158,033)
2015	85.22% (9,485/11,130)	84.18% (132,864/257,842)

The 2019 NCLEX-PN® examination pass rates for the VN education programs will be presented to the Board of Nursing at the April 2020 meeting.

Managing Clinical Experiences During the COVID-19 Pandemic

While campuses are closed and clinical site rotations are restricted

The Rules, the Waiver, and the Reality

- Rules 214.10(e)(3) & 215.10(e)(3) state, “Programs may use up to 50% simulation activities in each clinical course.” The sentence just prior to this sentence clarifies that this is referring to high-fidelity simulation. When many of the hands-on clinical settings were closed to students recently, the use of Virtual Clinical Excursions (VCEs) was seen as a possible substitute for clinical experiences, both in the simulation lab and in clinical settings. Since most programs do not use up to 50% simulation, the use of VCEs allowed students to continue with simulation experiences in an online format.
 - On March 21, 2020, the Governor’s office granted a request for a waiver that allows “students in their final year of nursing school to meet their clinical objectives by exceeding the 50% limit on simulation experiences.” This does not apply to nursing students who are not in their final year of nursing education.
 - Therefore, nursing students enrolled in a nursing program before their final year are still held to the rule requirement limit of 50% simulation for each nursing course. Possible options for compliance with Board rules include:
 - Examine your curriculum to clarify what this means to your delivery format. A 16-week semester may have already included hands-on clinical hours, so the limit on simulation is predetermined. An eight-week course may have the entire clinical experiences ahead, so the 50% simulation can be carried out with hands-on hours saved for a later semester.
 - Review and consider the innovative model proposed in the collaborative policy brief posted by National Council of State Boards of Nursing (NCSBN) on March 27, 2020, entitled “Policy Brief: U.S. Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis” at [https://www.ncsbn.org/Policy Brief US Nursing Leadership COVID19.pdf](https://www.ncsbn.org/Policy%20Brief%20US%20Nursing%20Leadership%20COVID19.pdf)
- Partner with a willing health care setting to allow the program to continue the clinical contract with criteria for the assignment of students and faculty supervision.
 - Complete the clinical course with 50% simulation and award an Incomplete until the clinical settings are available. A challenge for this option is whether students can retain important theory for application to practice. Another challenge is that many nursing courses require teaching of skills in the lab.
 - Revise the order of courses so that non-clinical courses are taught earlier, freeing the need for clinical experiences. Another possibility is “front-loading” some of the nursing didactic that does not require practice in the skills lab.
- With lessons learned about how the pandemic has impacted nursing education, it is a good time to review the scheduling and delivery of your nursing program to allow more flexibility or alternate options when crises interrupt education. Consider the advantages and disadvantages of planning clinical learning experiences with models of integrated, block, or concept-based curriculum; rationales for clinical hours in each clinical area; and ratio of clock hours to hours in simulation activities. Focus on the quality of each type of clinical learning experience, how the experiences build on each other, and how clinical objectives fulfill the *Differentiated Essential Competencies* (DECs). Consider whether your program needs to “right size” clinical hours.

Frequently Asked Questions from Programs:

1. Will the BON allow students to have fewer clinical hours than what is in the syllabus to pass the courses?

The number of clinical hours is determined by each nursing program depending upon providing an adequate number of practice hours to prepare a safe, competent nurse, and to meet the program requirements. Any changes in policies would require that the process for policy change

is followed, and the rationales for change are sound and consistent with Board rules and accreditation standards. Board rules for professional and vocational nursing education do not require a minimum number of clinical hours.

2. If my program transitions to the fully online delivery of course content do I need to submit a request for approval of a Major Curriculum Change to the Board?

Use of fully online course delivery during the COVID-19 crisis does **not** require that the program submit a request for a Major Curriculum Change. However, if the provision of online delivery will be a permanent change after the COVID-19 crisis is resolved, the program will need to request formal Board approval for a Major Curriculum Change.

3. If students are no longer allowed to engage in clinical learning experiences at the program’s clinical affiliate sites, how can the program prepare students to meet clinical learning objectives?

There is a difference between clinical learning experiences and clinical learning objectives. Clinical learning experiences imply that the student is engaged in “faculty-planned and guided learning activities designed to assist students to meet the stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates. These experiences occur in actual patient care clinical learning situations and in associated clinical conferences; in nursing skills and computer laboratories; and in simulated clinical settings, including high-fidelity, where the activities involve using planned objectives in a realistic patient scenario guided by trained faculty and followed by debriefing and evaluation of student performance. The clinical settings for faculty-supervised hands-on patient care include a variety of affiliating agencies or clinical practice settings, including, but not limited to: acute care and rehabilitation facilities; primary care settings; extended care facilities (long-term care and nursing homes); residential care settings; respite or day care facilities; community or public health agencies; and other settings where actual patients receive nursing care.”

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Managing Clinical Experiences - cont. from prev. page

Clinical learning objectives describe the expected outcomes of a learning experience. Clinical learning experiences provide an opportunity for application of knowledge and demonstration of student behaviors that provide evidence of learning. Active learning strategies such as unfolding case studies guide the student through critical thinking about a patient situation, exercises in clinical reasoning, and forming hypothetical clinical judgment. Interactive online patient scenarios give students a chance to test their nursing interventions and skills in a non-risk arena. The closest non-clinical setting is a high-fidelity simulation that mimics a real life situation.

4. **Is the program allowed to use more than 50% simulated clinical learning experiences for all students, not just students in their last year of the program? May hands-on clinical be substituted, in a reasonable amount, with simulation exercises/experiences if we are not allowed to return to the clinical facilities during this period?**

No, the Governor's directive waiving Board Rules 214.10(e)(3) and 215.10(e)(3) applies only to students in their final year of a nursing education program. This group of students is allowed to meet clinical learning objectives by exceeding the 50% limit on simulated clinical learning experiences to allow their completing the nursing program so they will be ready to enter the nursing workforce. However, the students must also meet all learning objectives during the process of completing the program.

5. **How does my program meet the required minimum number of clinical learning hours?**

The Texas Board of Nursing rules do not mandate a minimum number of clinical learning hours or didactic hours, rather the rules require the provision of content areas. Rule 214.9 Program of Study, Section (e) requires the Vocational Nursing Education Program include the following five content areas: (1) Nursing Care of Children, (2) Maternity Nursing, (3) Nursing Care of the Aged, (4) Nursing Care of Adults, and (5) Nursing Care of Individuals with

Mental Health Problems (optional clinical in mental health). Rule 215.9 Program of Study, Section (e) (2) requires the Professional Nursing Education Program include didactic and clinical learning experiences in the following five content areas: (1) medical-surgical, (2) geriatric, (3) maternal/child health, (4) pediatrics, and (5) mental health nursing.

6. **Is it acceptable for the program to use virtual activities, such as ATI Real Life Clinical Reasoning Scenarios - Pick 9*, a screen-based simulation resource for students to earn their clinical hours, as clinical learning experiences?**

This type of learning activity may be included in the calculation of simulation activities that should make up no more than 50% of the course's simulated clinical learning experience for students who are not in their final year of a nursing program. The NCSBN research study on simulation did not recommend using more than 50% simulation and this recommendation was based on student outcomes, one of which was NCLEX scores. *This is only one example of a virtual activity and the Board is not endorsing any specific product.

7. **Skills labs in most of the courses were front loaded into the semester so many have already been completed. May the remaining ones be taught using videos and requiring students to demonstrate either through online meetings or by uploading videos of themselves practicing and talking through the skill?**

All hands-on skills need to be evaluated by an expert (i.e., faculty or preceptor). If students had the right equipment that they could demonstrate a skill in a video, that may be acceptable. If this is not possible, the skills that cannot be checked-off in any other way should be moved to a future course. A final skills day could be scheduled when the campus reopens for practice and return demonstration. Remember that students may not perform the skill on an actual patient until they have been checked-off on that skill.

8. **We are fortunate we have a variety of online unfolding case studies through an Online Learning platform, and NLN case studies. Is this okay until we are able to return to our clinical affiliate agencies?**

These may be excellent learning activities for connecting didactic and clinical, but they are not simulation (high-fidelity or VCE) experiences. We do not consider VCEs at the same level as high-fidelity simulation.


9. **If our campus is closed, can our students still attend clinicals with their preceptors and faculty?**

Yes, if the clinical agency is agreeable to students continuing with clinical practice with faculty in a supervisory capacity with or without preceptors. These are within the rules and there would be no interruption in the program.

10. **Do we need to have make-up clinical days if we are unable to complete all the hours this semester due to clinical sites not allowing our students in the facility?**

Normally, we would say this depends on the program policies for make-up days. Remember that the director must be able to sign the Affidavit of Graduation (AOG) in good faith that the student is knowledgeable and competent to safely enter nursing practice.

For additional **Frequently Asked Questions from Programs**, go to **Education** in the **COVID-19 Resources** section at: <https://www.bon.texas.gov/COVID-19Education.asp>



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NOTICE OF DISCIPLINARY ACTION

The following nurses had disciplinary action taken against their licenses through a Board order containing public information about the nurse's disciplinary action. While every effort is made to ensure the accuracy of this information, the Board's licensure verification system should be utilized for verification. You can obtain information about these disciplinary actions from the Board's website, www.bon.texas.gov, using the verification look-up under Licensure or under the disciplinary action section of Discipline & Complaints. Under Licensure, select Verification then click on the applicable type of license type; Discipline & Complaints, select Disciplinary Action then select individual newsletter date. Additionally, you can send your written request to the Texas Board of Nursing, Enforcement Division, 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944.

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Abernathy, Arnold Robert A.C.	RN 679042	Reprimand with Stipulations	1/23/20	Broemsen, Madeline Elizabeth	AP122915, RX 13525 & RN 737102	Remedial Education, Deferred	12/4/19
Abraham, Rina	RN 810012	Warning with Stipulations, Deferred	12/10/19	Brooks, David Scott	RN 707266	Remedial Education	1/22/20
Achubie, Chigozie Francisca	RN 853623	Remedial Education with Fine	11/25/19	Brown, Ashley Ivie	LVN 338751	Revoked	11/12/19
Adams, Nettie Nicole	RN 687209 & LVN 184372	Probated Suspension	1/23/20	Brown, Quanda	RN 940309	Remedial Education	1/8/20
Adeshewo, Christiana Adebimpe	RN 829534 & LVN 191375	Reprimand with Stipulations	11/12/19	Bryant, Daniel Paul	RN 898645	Probated Suspension	11/12/19
Adeyemi, Imole-Oluwa Maria	LVN 330453	Remedial Education	12/17/19	Buehring, Dakota Renee (Blassingame)	RN 768385	Remedial Education	12/17/19
Adeyemi, Raliat	RN 923095	Probated Suspension	11/12/19	Burch, Lisa Larue	RN 743190	Probated Suspension	11/12/19
Aghmien, Esosa Blessing	RN 943800 & LVN 323455	Remedial Education	1/15/20	Burnside, Jo Anne	RN 529832 & LVN 109768	Revoked	11/12/19
Ajuzieogu, Doris Uloma	LVN 328807	Warning with Stipulations	12/10/19	Butler, Glen Brian	RN 715972	Reprimand with Stipulations	12/10/19
Alejandre, Leslieann Marie	LVN 209183	Warning with Stipulations and Fine	12/10/19	Byerly, Amber	LVN 339887	Voluntary Surrender	11/14/19
Alford, Courtney Alexandra	LVN 328927	Revoked	11/12/19	Carr, Lajeane Evone	LVN 185473	Warning with Stipulations and Fine	12/10/19
Alilonu, Ijeoma	RN 903319	Warning with Stipulations	11/12/19	Carroll, Darlene	LVN 115228	Probated Suspension	1/23/20
Allen, Georgena	RN 641613 & LVN 150802	Voluntary Surrender	12/20/19	Castille, Bryan Andrew	RN 669155	Warning with Stipulations	1/23/20
Alley, Georgia Vivian	RN 834448	Remedial Education	12/18/19	Castilleja, Kimberly Marie	LVN 323280	Reprimand with Stipulations	12/10/19
Alonzo, Joanna Margarita	LVN 318429	Enforced Suspension	12/10/19	Cearley, Lynda Sue	RN 547056 & LVN 106878	Revoked	11/12/19
Alsanousi, Manasik Adam	RN 881902	Warning with Stipulations	11/12/19	Chafton, Brenda Lee	LVN 194869	Probated Suspension	1/23/20
Amsler, Christine Marie	RN 910412 & LVN 321773	Warning with Stipulations	12/10/19	Chatman, Heath Ryan (Perry)	RN 900611	Reprimand with Stipulations	11/12/19
Anderson, Marsha Deadmon	RN 711850	Revoked	12/10/19	Chavez, Marta Guzman	LVN 342121	Remedial Education	1/23/20
Andoh, Francisca Bimpoma	PTP VA RN 0001270056 & PTP VA PN 002092124	Remedial Education with Fine	1/29/20	Clark, Billie Dawn	RN 714445 & LVN 176984	Probated Suspension	12/10/19
Anosikeh, Oluchi Ihuoma	RN 789497	Probated Suspension	11/12/19	Clifton, Melissa Kaylie	LVN 304321	Revoked	1/23/20
Anyasinti, Theodora Nneka	LVN 188481	Revoked	1/23/20	Cline, Mary	RN 577232	Warning with Stipulations	12/10/19
Arana, Mari Audrey	RN 932835	Warning with Stipulations and Fine	12/10/19	Coleman, Barbara Jean	LVN 134423	Voluntary Surrender	11/22/19
Arcecastro, Gabriel	RN 917899	Voluntary Surrender	1/21/20	Cook-Cruz, Thomas Allen (Cook)	RN 818526	Remedial Education	11/5/19
Arguelles, Roman	LVN 226059	Limited License	12/10/19	Cotton, Nastassia Kindle	RN 858800 & LVN 317785	Warning with Stipulations	12/10/19
Armstrong, Dorothy J.	LVN 110380	Voluntary Surrender	1/17/20	Dahl, Rebecca Leigh	LVN 307464	Warning with Stipulations and Fine	12/10/19
Balentine, Shannon Spring	RN 704162	Warning with Stipulations	12/10/19	Damico, Craig Edward	RN 936109	Revoked	12/10/19
Barela, Briana Ann	LVN 229177	Revoked	1/23/20	Daniel, Ann Sarah	RN 789925	Warning with Stipulations	12/10/19
Barrows, Stephanie Michelle	RN 770847	Remedial Education	11/19/19	Darby, Shirley Jean	RN 735364	Reprimand with Stipulations	1/23/20
Bernhardt, Jenifer Kay	RN 680134	Reprimand with Stipulations	1/23/20	Davis, Tanisha Nichelle	RN 819868	Revoked	1/23/20
Bibb-Serrano, Angselee Lyzandra	LVN 202994	Remedial Education	1/28/20	Dean, Jennifer Lorraine	RN 891297	Warning with Stipulations	11/12/19
Birt, Kitty	RN 750900	Warning with Stipulations	11/12/19	Deza, Arsenio Gabole	RN 749003	Warning with Stipulations	12/10/19
Black, Adam Ray	RN 733894	Revoked	11/12/19	Dominguez, Susana Del Angel	LVN 326466	Reprimand with Stipulations	12/10/19
Blain, Frank	RN 636962 & LVN 158619	Enforced Suspension	1/23/20	Dreyer, Krystal A.	RN 821676	Revoked	11/12/19
Blanco, Michelle Marie	LVN 225282	Warning with Stipulations and Fine	1/23/20	Edens, Jacqueline Olivia	RN 895405	Revoked	11/12/19
Blassingame, Marissa Dyan	RN 923136 & LVN 310171	Warning with Stipulations and Fine	11/12/19	Edmond, Jennifer Leigh	LVN 329847	Voluntary Surrender	12/4/19
Bobbitt, Lea Ann	RN 754117	Limited License	11/12/19	Edwards, Jaspin Tyree Dvae	LVN 329491	Probated Suspension	1/23/20
Bose, Delia Lopez	RN 785235	Remedial Education with Fine	1/23/20	Eggleston, Brandon Royse	RN 946759	Reprimand with Stipulations	1/23/20
Bosquez, April Lynn	LVN 327172	Reprimand with Stipulations	11/12/19	Elimon, Dawn Marie	RN 776941	Reprimand with Stipulations	11/12/19
Bowen, Valoree Lynn	RN 572992	Remedial Education	11/14/19	Evans, Ellie Renae	RN 763686	Voluntary Surrender	12/4/19
				Fischbach, Lee Ann	RN 706577	Probated Suspension	11/12/19
				Flores, Sabrina Monique	LVN 225891	Remedial Education with Fine	1/29/20
				Ford, Jazmin Lynae	LVN 317495	Reprimand with Stipulations	12/10/19
				Fox, Randi Marie	LVN 308119	Revoked	11/12/19

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DISCIPLINARY ACTION

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Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Freeman, Julie Ann	RN 767826	Remedial Education with Fine	12/19/19	Knowlton, Clint Edward	RN 725589	Warning with Stipulations and Fine	1/23/20
Gamboa, Jessica	LVN 334519	Reprimand with Stipulations	1/23/20	Krinn, Walter Robert	LVN 129609	Remedial Education	1/23/20
Gardiner, Bennie Denise	RN 571898	Probated Suspension	1/8/20	Kuchinski, Aaron Michael	LVN 319953	Revoked	12/10/19
Gartrell, Erika Jane	RN 858210	Remedial Education	12/30/19	Laird, Jeanene Hoppe	RN 257288	Reprimand with Stipulations and Fine	12/10/19
Germain, Angeline Sallay	RN 801631	Reprimand with Stipulations	12/10/19	Lane, Brandi Natasha	LVN 309711	Revoked	12/10/19
Ghani, Angelica Nicole	LVN 185790	Probated Suspension	12/10/19	Lavoie, Amanda Faye	LVN 337404	Limited License	12/10/19
Gibson, Kristin Kay	RN 877592	Reprimand with Stipulations	1/23/20	Leary, Thomas Edison	RX 11386	Limited: Phentermine Only	12/10/19
Gilmore, Brianne Michelle	LVN 346572	Probated Suspension	11/12/19	Leary, Thomas Edison	AP120438 & RN 731425	Probated Suspension	12/10/19
Glasgow, Lula Mae	RN 930943	Revoked	11/12/19	Littlefield, Lynne Anson	RN 671633	Reprimand with Stipulations	11/12/19
Gogle, Ashley Sophia	RN 877816 & LVN 319280	Warning with Stipulations	1/23/20	Lopez, Anthony Joseph	RN 786530	Voluntary Surrender	12/17/19
Gomez, Lachael	LVN 314630	Voluntary Surrender	1/22/20	Lowe, Amy Ruth	RN 720123	Enforced Suspension	11/26/19
Gonzales, Veronica	RN 766073 & LVN 199006	Enforced Suspension	12/10/19	Lujan, Judy Catheline	RN 807545	Warning with Stipulations	11/12/19
Gonzalez, Angelica Maria	LVN 199197	Warning with Stipulations and Fine	12/10/19	Lusanga, Sandra Batale	RN 822932	Revoked	1/23/20
Gonzalez, Jennifer Deanne	RN 680288	Voluntary Surrender	11/19/19	Makenzie, Kristin Lorelei	RN 879381 & PTP CO RN 1642851	Remedial Education	12/18/19
Grant, Diane Wilma	RN 579515	Remedial Education	12/10/19	Makielski, Sara Jane	AP112248 & RN 664123	Voluntary Surrender	12/2/19
Grantham, Gina Kaye	RN 656512	Revoked	11/12/19	Manson, Heath Cameron	RN 819668	Enforced Suspension	12/10/19
Gregg, Walter Lloyd	LVN 308032	Voluntary Surrender	11/20/19	Marcum, Stacey Anne	RN 782708	Enforced Suspension	1/2/20
Grubbs, Anthony Scott	RN 727701	Warning with Stipulations, Deferred	12/10/19	Marks, Lynnea Beth	RN 871274	Warning with Fine	12/10/19
Gschwend, Hayley Lynn	RN 804901	Revoked	1/23/20	Martin, Niketa Tawana	LVN 311030	Voluntary Surrender	1/17/20
Guerra, Lorena Leeann	LVN 327043	Reprimand with Stipulations	12/10/19	Martinez, Josephine Garza	LVN 301603	Remedial Education	1/9/20
Haisler, Cathy Lynn	RN 562780	Remedial Education	1/28/20	Martinez, Maricela	RN 763901	Warning with Stipulations	1/23/20
Hales, Icey	RN 871272	Probated Suspension	12/10/19	Martinez, Mary	RN 860581	Warning with Stipulations	11/12/19
Hancock, Jeanna Dell	LVN 158729	Reprimand with Stipulations	11/12/19	Mason, Connie Elizabeth	PTP AR RN R084976	Enforced Suspension	12/10/19
Hanna, Elizabeth Annaliese	RN 925091	Reprimand with Stipulations and Fine	11/12/19	Masson, Sharon	RN 788061	Voluntary Surrender	12/11/19
Harris, Clifford Russell	RN 925093 & LVN 221564	Revoked	11/12/19	McClain, Beatrice Marie	RN 633272 & PTP MS RN 779144	Revoked	11/12/19
Harris, Leslie Rebecca	RN 832219	Voluntary Surrender	11/20/19	McCreery, Rebecca Leeann	LVN 231552	Warning with Stipulations	11/12/19
Harris, Miranda	RN 649811 & LVN 166047	Warning with Stipulations	12/10/19	McGowen, Norma	LVN 154307	Revoked	7/12/19
Hicks, Terri Lynn	LVN 190447	Reprimand	12/10/19	McIntyre, Brandi Nichole	RN 925764	Warning with Stipulations	11/12/19
Hill, Brandy Nicole	LVN 232563	Revoked	12/10/19	McNeil, Chantel Renee	RN 849532	Reprimand with Stipulations	11/12/19
Holliday, Rebecca Lane	LVN 234002	Revoked	1/23/20	Medrano, Vanessa	LVN 330214	Reprimand with Stipulations	12/10/19
Honaker, Regina Elizabeth	RN 806895	Warning with Stipulations and Fine	12/10/19	Meza, Shannon Diana	RN 722568	Voluntary Surrender	1/24/20
Hormell, Courtney Beth	RN 558371	Remedial Education	1/7/20	Mitchell, Angelic Kay	PTP TN RN 143578	Enforced Suspension	1/22/20
Hornsby, Mark Allen	AP112316 & RN 692094	Remedial Education with Fine	12/2/19	Moloney, Amy Marie	LVN 313441	Warning with Stipulations and Fine	12/10/19
Howard, Phyllis Ann	LVN 71214	Enforced Suspension	11/5/19	Montalbo, Maricar Ollada	RN 692202	Revoked	12/10/19
Isaac, Ricardo	RN 652901	Warning with Stipulations	1/23/20	Montemayor, Tina A.	LVN 317509	Remedial Education	1/6/20
Jaramillo, Christina Cheri	LVN 223825	Warning with Stipulations	11/12/19	Moody, Charolette A.	LVN 210985	Revoked	11/12/19
Jennings, Sarah Lynne	RN 717747 & LVN 177168	Warning with Stipulations and Fine	12/10/19	Moody, Tammie Bell	LVN 308039	Reprimand with Stipulations	11/12/19
Johnson, Brandy	RN 758292	Probated Suspension	11/12/19	Moore, Michael Perry	LVN 320063	Revoked	12/10/19
Johnson, James Daniel	RN 695834	Revoked	1/9/20	Morgan-Lovett, Lanae Deann	LVN 225115	Voluntary Surrender	11/19/19
Johnson, Jessy	RN 897067	Reprimand with Stipulations and Fine	1/23/20	Murray, Judy	RN 658891	Revoked	11/12/19
Jones, Jamie Nichole	LVN 304075	Voluntary Surrender	12/20/19	Musa, Magdalene Emike	LVN 314243	Warning with Stipulations	12/10/19
				Muzik, Ana Laurette	RN 604336	Voluntary Surrender	1/13/20
Joshlin, Carla Louise	PTP NM RN-83832	Revoked	12/10/19	Naylor, Chantay Charmaine	PTP MS PN 326389	Warning with Stipulations	11/12/19
Junell, Brandy Renea	RN 811906	Probated Suspension	1/23/20	Neff, Darcy N.	PTP AR PN L059120	Probated Suspension	11/12/19
Karstens, Lana Elizabeth	RN 798055	Remedial Education	11/5/19	Ngari, Caroline W.	RN 847422 & LVN 233351	Reprimand with Stipulations	12/10/19
Kathrotia, Crystal	AP130027 & RN 881377	Remedial Education with Fine	1/10/20	Nguyen, Harris Bamy	RN 940424	Warning with Stipulations	12/10/19
Keller, Elizabeth Ann	AP100630, RX 1294 & RN 521278	Reprimand with Stipulations and Fine	12/10/19	Nguyen, Nam	RN 821438	Warning with Stipulations and Fine	12/10/19
Kidder, Kelly Vern	RN 824200	Reprimand with Stipulations	12/10/19	Nichols, Mukeyah La'Trice	LVN 330880	Warning with Stipulations	12/10/19
Kieffer, Kristie June	PTP AZ RN 146054	Voluntary Surrender	11/18/19	Nicholson, Terri Lynne	LVN 142004	Revoked	12/10/19
Kile, Kris Rhodes	RN 753594	Revoked	11/12/19	Norwood, Laticia Nichol	RN 851821 & LVN 301337	Reprimand with Stipulations	11/12/19

continued on next page

DISCIPLINARY ACTION

– continued from previous page

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Okunoghae, Evelyn Ehiosu	AP117057, RX 8671, RN 703566 & LVN 182529	Warning with Stipulations	1/23/20	Swift, Donna Sue	LVN 97590	Remedial Education	1/9/20
Ortega, Nicholas Dionne	LVN 317539	Revoked	11/12/19	Tatum, Shawna Latrice	RN 800769 & LVN 205916	Reprimand with Fine	11/12/19
Otuka, Ada Ngozi	LVN 178417	Warning with Stipulations and Fine	11/12/19	Thibodeaux, Angela Rene	RN 840768	Revoked	12/10/19
Oujout, Zineb	RN 796163	Enforced Suspension	11/4/19	Thomas, Aldrick A.	RN 734701	Revoked	1/23/20
Paradysz, John Timothy	LVN 198366	Voluntary Surrender	12/6/19	Thomas, Russell Eugene	RN 953432	Reprimand with Stipulations	12/10/19
Penate, Sonia Elizabeth	LVN 204226	Reprimand with Stipulations	1/23/20	Thompson, Kristian Marie	LVN 167817	Probated Suspension	11/12/19
Peralta, Rosalind	RN 568356	Reprimand with Stipulations	1/23/20	Thompson, Summer Jeanann	RN 811918 & LVN 186804	Warning with Stipulations	12/10/19
Peterman, Dana Lynn	RN 715047	Reprimand with Stipulations	12/10/19	Tijerina, Nicolas	RN 879555	Reprimand	12/10/19
Pischke, Janet Kathleen	RN 847721	Reprimand with Stipulations and Fine	1/23/20	Tran, Mary	RN 912383 & LVN 179663	Warning with Stipulations and Fine	11/12/19
Price, Shelby Joyce	LVN 157149	Voluntary Surrender	1/10/20	Turner, Nichole Suzanne	LVN 201363	Reprimand with Stipulations	11/12/19
Purcell, Kimberly Dawn	LVN 165558	Probated Suspension	12/10/19	Tyra, Kasi Lynn	RN 782155	Revoked	11/12/19
Ramirez, Tony Wayne	RN 770634	Probated Suspension	11/12/19	Udom, Aniebiet Ime	LVN 331959	Reprimand with Stipulations and Fine	1/23/20
Ramos, Grace Denise	LVN 317901	Remedial Education	1/6/20	Vasiloff, Racheal Marie	LVN 120367	Reprimand with Stipulations	11/12/19
Randolph, Nema S.	RN 777207	Reprimand with Stipulations	11/12/19	Veasey, Ericka	LVN 305558	Enforced Suspension	1/2/20
Reeves, Lamont David	LVN 152274	Warning with Stipulations	12/10/19	Vermillion, Dorothy Sloan	LVN 130973	Probated Suspension	11/12/19
Reeves, Pamela A.	RN 502107	Voluntary Surrender	11/20/19	Verner, Shelley Joyce	RN 806629 & LVN 218286	Warning with Stipulations	1/23/20
Reyes, Leonard Espinoza	LVN 320282	Revoked	1/23/20				
Riojas, Clarissa Ann	RN 823403	Reprimand with Stipulations and Fine	12/10/19	Wallace, Robbie Lee	PTP SC RN 89888	Revoked	11/12/19
Roark, Debra L.	RN 530005 & LVN 108288	Reprimand with Stipulations and Fine	12/10/19	Warren, Christine Lane	RN 838002	Voluntary Surrender	1/28/20
Roark, Randa Raquel	RN 900625 & LVN 307365	Reprimand with Stipulations and Fine	1/23/20	Washington, Donna P.	RN 711200	Voluntary Surrender	12/18/19
Robbins, Dennis	RN 873594	Warning with Stipulations	12/10/19	Watson, Zachary James	RN 881330	Revoked	12/10/19
Robinson, Charlene Anita	RN 789803	Warning with Stipulations	1/23/20	Webber, Ashley Margaret	RN 827411	Revoked	11/12/19
Rodriguez, Christina	RN 701132 & LVN 180949	Warning with Stipulations	12/10/19	Wideman, Casey Lynn	RN 839155	Remedial Education with Fine	1/22/20
Rodriguez, Felicia Irene	LVN 338616	Probated Suspension	1/23/20	Williams, Jeannettea Marie	RN 578648	Revoked	4/30/12
				Williams, Staci Rae	RN 768028	Reprimand with Stipulations and Fine	1/23/20
Rodriguez, Stephanie Annissa	LVN 335350	Warning with Stipulations	11/12/19				
Ross, James	RN 548380 & LVN 119117	Reprimand with Stipulations and Fine	11/12/19	Wittler, Kathleen A.	AP109791, RX 3152 & RN 509970	Limited License	1/23/20
Rozell, Sandra Jean	RN 921098	Revoked	11/12/19	Woytek, Alicia Marie	LVN 332901	Reprimand with Stipulations	11/12/19
Rushing, Raquel Patrice	RN 882261	Remedial Education with Fine	1/9/20	Yau, Rita A.	RN 500080 & LVN 92251	Reprimand with Stipulations	12/10/19
Russell, Ginny Rebecca	LVN 232226	Probated Suspension	1/23/20				
Russell, Wendy L.	LVN 343412	Probated Suspension	1/21/20				
Salinas, Melissa Jean	RN 714250	Remedial Education with Fine	11/13/19				
Sanchez, Eric	RN 897182 & LVN 160523	Revoked	1/23/20				
Sanchez-Leal, Fran Renett	RN 582075	Probated Suspension	1/23/20				
Sanders, Kevisha Shawnye	LVN 325271	Probated Suspension	12/10/19				
Santos, Ricardo Bautista	RN 899942	Probated Suspension	11/12/19				
Schiller, Deborah Lee	RN 664102	Probated Suspension	1/23/20				
Sebastian, Joel	RN 792986	Enforced Suspension	1/24/20				
Shanghai, Sandrine	RN 944922	Voluntary Surrender	11/18/19				
Sharp, Irasema Salinas	RN 684235	Probated Suspension	12/10/19				
Shearer, Lafonda Sue	LVN 113150	Voluntary Surrender	11/8/19				
Shelton, Tai	RN 701097	Revoked	11/12/19				
Simpson Robbins, Shae Ann	LVN 196117	Warning with Stipulations and Fine	1/23/20				
Sismon Cooley, Juliana Moreno	RN 898828	Probated Suspension	11/12/19				
Smith, Adrienne Lee	RN 869293	Warning with Stipulations	1/23/20				
Smith, Jennifer Key/Ruth	RN 703975	Revoked	1/23/20				
South, Shellie Sue	RN 671549	Probated Suspension	12/10/19				
Sperl, Danny	RN 647658	Enforced Suspension	12/3/19				
Steck, Daniel J.	RN 891924	Warning with Stipulations	1/23/20				
Swift, Donna Sue	LVN 97590	Remedial Education	1/9/20				

Abbreviations in the Notice of Disciplinary Action Section

PTP Privilege to Practice in Texas, also known as Nurse Licensure Compact Privilege, associated with the indicated state and license. States are abbreviated using the official two letter state abbreviations of the United States Postal System.

RX Prescription Authorization

Statistical Information

The 263 disciplinary actions reported in this bulletin represent only 0.062% of all nurses who are currently licensed to practice in the State of Texas.

New Nurse Portal Delayed Until June

The deployment date for the Texas Nurse Portal has been moved to June 15, 2020. The Board will continue to notify licensees by postcard of their renewal requirements 60 days prior to their license expiring, but it is recommended that all licensees register with the NCSBN Nursys nurse e-Notify system (<https://www.nursys.com/EN/ENDefault.aspx>).



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