

# VIRGINIA BOARD OF NURSING

## BUSINESS MEETING

### AGENDA

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Board Room 2**  
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

#### **Tuesday, January 23, 2024 at 9:00 A.M. – Quorum of the Board**

**CALL TO ORDER:** Cynthia Swineford, RN, MSN, CNE; President

#### **ESTABLISHMENT OF A QUORUM**

#### **ANNOUNCEMENT**

##### **Staff Update:**

- **Brandon Jones, MSN, RN, CEN, NEA-BC**, has accepted the P-14 RN Agency Subordinate/Probable Cause Reviewer and started on January 2, 2024.

#### **A. UPCOMING MEETINGS and HEARINGS:**

**REMINDER** – 2024 Conflict of Interest – Financial Disclosure Statement filing deadline is **Thursday, February 1, 2024**

- The **DHP Board Member Training** is scheduled for March 26, 2024 – more details will be available soon.
- NCSBN Board of Directors (BOD) is scheduled for February 6-7, 2024, in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for February 14, 2024, at 9 AM in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for February 28, 2024, at 9 am in Board Room 2.
- The Committee of the Joint Boards of Nursing and Medicine Formal Hearings are scheduled for February 28, 2024, at 1 pm in Board Room 2.

**REMINDER** of Additional Formal Hearings in 2024:

- **Thursday, 2/29/2024** – Board Members are Dr. Dorsey (**Chair**), Ms. Cartte, Dr. Cox, Ms. Davis, Dr. Parke, and Ms. Hogue, LMT.
- **Thursday, 4/18/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Dr. Cox, Ms. Davis, Ms. Friedenberg and Dr. Gleason
- **Tuesday, 6/11/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Cartte, Ms. Friedenberg, Dr. Gleason and Ms. Kinchen.

**REMINDER** of Additional Special Conference Committee (SCC) to hear reinstatement cases in April and June 2024:

- **Thursday, 4/4/2024** – Board Members are Ms. Cartte (**Chair**) and Mr. Scott
- **Wednesday, 4/17/2024** – Board Members are Dr. Dorsey (**Chair**) and Mr. Hogan
- **Monday, 4/22/2024** – Board Members are Dr. Gleason (**Chair**) and Ms. Shah
- **Wednesday, 6/5/2024** – Board Members are Dr. Dorsey (**Chair**) and Ms. Davis
- **Monday, 6/24/2024** – Board Members are Dr. Gleason (**Chair**) and Mr. Scott

- Nurse Licensure Compact (NLC) Midyear Meeting is scheduled for March 11, 2024, in Atlanta, GA. Ms. Douglas will attend as the Commissioner.
- NCSBN Midyear Meeting is scheduled for March 12-14, 2024, in Atlanta, GA. Ms. Douglas, Ms. Swineford will attend to represent the Virginia Board of Nursing. Other attendees will be determined.
- **Nursing and Nurse Aide Education Program Training Sessions:**
  - Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on **Wednesday, March 6, 2024**, at DHP – Conference Center from 9 am to 12 noon.
  - Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 9 am to 12 pm.
  - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 1 pm to 4 pm.

**REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
  - \*B1 November 13, 2023      Formal Hearings
  - \*B2 November 14, 2023      Business Meeting
  - \*B3 November 15, 2023      Panel A - Formal Hearings
  - \*B4 November 15, 2023      Panel B - Formal Hearings
  - \*B5 November 16, 2023      Formal Hearings
  - \*B6 December 7, 2023      Telephone Conference Call
  - \*B7 January 4, 2024      Telephone Conference Call

**B8** – January 22, 2024

Telephone Conference Call

**\*\*C1** - Board of Nursing Monthly Tracking Log

**\*C2** - Agency Subordinate Recommendation Tracking Log

**C3** - Executive Director Report

**C4** – HPMP Quarter Report, October 1 – December 31, 2023 (**NOT AVAILABLE**)

**\*C5** – Regulatory Review Committee November 14, 2023 Meeting minutes

## **DIALOGUE WITH DHP DIRECTOR – Mr. Owens**

### **B. DISPOSITION OF MINUTES – None**

### **C. REPORTS**

- **TBD**

### **D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- **\*DHP Performance Measure Report – First Quarter of FY2024 – Ms. Douglas**
- Calendar Invite for Board Members – **Ms. Douglas**
- Journal of Nursing Regulation: NCSBN 2024 Environmental Scan – **Ms. Douglas**

### **E. EDUCATION:**

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth (verbal report)**

### **F. REGULATIONS/LEGISLATION– Ms. Barrett/Mr. Novak**

- **\*F1** – Chart of Regulatory Actions
- **F2** – Report of the 2024 General Assembly
- **\*F3** - Consideration of Petition for Rulemaking to Amend Faculty Requirements - 18VAC90-27-60(A)(4)
- Possible Fee Increase
  - \*\*** Cover Memo from Ms. Douglas
  - \*\*F4** - Letter from Mr. Owens, DHP Director
  - F4a** – Background Information regarding Fee Increase

## **10:00 A.M. – PUBLIC COMMENT**

**10:30 A.M. – POLICY FORUM** - Healthcare Workforce Data Center (HWDC) Reports – Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Director

- **\*Virginia’s Certified Nurse Aide Workforce: 2023**
- **\*Virginia’s Licensed Practical Nurse Workforce: 2023**
- **\*Virginia’s Registered Nurse Workforce: 2023**

## **CONSIDERATION OF CONSENT ORDERS**

**\*G1** – Mary Catherine Duffy, RN

**G2** – Katherine Luna Han, LMT

## **12:00 P.M. – LUNCH**

## 12:45 P.M. - BOARD MEMBER DEVELOPMENT

Administrative Proceedings Presentation - **Ms. Booberg** (continued from November 2023)

- Board Member Expectations

## 1:15 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSIONS

- Case # 227237

## 1:30 P.M.

\*E1 – December 4, 2023 Education Special Conference Committee DRAFT Minutes

### December 4, 2023 Education Special Conference Committee Recommendations regarding:

- \*E1a - Partners Pharmacy, Richmond, Medication Aide Training Program 0030000167
- \*E1b - ApexCare Pharmacy Solutions, Salem, Medication Aide Training Program 0030000069
- \*E1c - Advanced Healthcare Education, Inc., Mechanicsville, Medication Aide Training Program 0030000229
- \*E1d - Care Plus Nursing Services & Training, Woodbridge, Medication Aide Training Program 0030000060
- \*E1e - Commonwealth Care, Inc., Sterling, Medication Aide Training Program 0030000048
- \*E1f - Community Healthcare Training Academy, LLC, Martinsville, Medication Aide Training Program, 0030000277
- \*E1g - Dominion House, LLC, Great Falls, Medication Aide Training Program 0030000217
- \*E1h - Faithful Nursing Resources, Charlottesville, Medication Aide Training Program 0030000240
- \*E1i - Family Horizons Home Health Care Agency, Stafford, Medication Aide Training Program 0030000175
- \*E1j - Healthcare Solutions by Katoria, Fredericksburg, Medication Aide Training Program 0030000187
- \*E1k - Imperial Plaza Assisted Living Community, Richmond, Medication Aide Training Program 0030000046
- \*E1l - Langford Training Center, Highland Springs, Medication Aide Training Program 0030000101
- \*E1m - Medical Career Academy, Prince George, Nurse Aide Education Program, 1414100952

## CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

### Panel B Board Members in BOARD ROOM 2:

**Presiding:** A Tucker Gleason, PhD, Citizen Member; **First Vice-President**  
Delia Acuna, FNP-C Paul Hogan, Citizen Member  
Carol Cartte, RN, BSN Helen Parke, DNP, FNP-BC  
Pamela Davis LPN

11	*Kamari Michelle Canada Bibbs RMA	12	*Shabraska Ponder CNA Applicant
13	*Jekera Rishay Lee RMA Applicant	14	*Sheli Jean Shearer Hale LPN
15	*Carmen Brevo Parrish RMA	16	*Samantha Kaye Riffie LPN
17	*Rebecca Saidi Kayiji CNA	18	*Lynn C. Bomett LPN
19	*Priscilla Ashby LPN	20	*Millicent Ann Davis LPN
21	*Ta'Shanda Vedette Butler LPN	22	*Stephanie Dawn Stewart LPN
23	*Kimberly Lynn Trotter RN	24	*Rebecca Anne Tolbert LPN
25	*Rebecca Ann Murphy RN Applicant	26	*Minnetta Young Cunningham LPN
27	**Felicia J. Griffith CAN (REVISED)	28	**Patience Carruthers CNA (REVISED)
29	**Shelly Ann Smith Toppin CNA (REVISED) **Shelly Ann Smith Toppin RMA	30	**Nancy Robin Hall Rice RMA (REVISED) **Nacy Robin Hall Rice CNA (REVISED)

31	**Rhonda L. Tucker CNA ( <b>REVISED</b> )	32	*Lorie Marie Hayslett LPN
33	*Autumn Burks Fersuson RN	34	*Shontante Laverne Samuel RMA Applicant
35	*Piotr Mariusz Krestian CNA Applicant	36	*Tracy Lynn Burchell Coates LPN
37	*Betty I. Aust LPN	38	*Anthony Lee Murrell CNA Applicant
39	*Gillie Lee Garth RN Applicant	40	*Michelle Antwanette Coles LPN
41	*Christine Teresa Walker LPN		

**Panel A Board Members in BOARD ROOM 4:**

**Presiding:** Cynthia Swineford, RN, MSN, CNE; **President**  
Laurie Buchwald, MSN, WHNP, FNP                      Meenakshi Shah, BA, RN  
Yvette Dorsey, DNP, RN                                      Robert Scott, RN  
Margaret Friedenber, Citizen Member

1	*Jimmy Donnell Rockett, LPN	2	*Sarah Aust Omohundro CNA
3	*Susana Virginia Chuquimia Morales <b>CNA</b> *Susana Virginia Chuquimia Morales <b>RMA</b>	4	*Kisha Biggs CNA
5	*Brooke Symone Carter CNA Applicant	6	*Brittney Dale Fuller RMA
7	*Dajahnea Webb CNA	<b>8</b>	<b>REMOVED</b>
9	*Anthony D. Minter <b>CNA</b> *Anthony D. Minter <b>RMA</b>	10	*Keery Dooley RN

**ADJOURNMENT OF BUSINESS AGENDA**

**3:00 P.M. – 5:00 P.M. - REGULATORY REVIEW COMMITTEE MEETING to consider changes to education regulations – Board Room 4**

**Committee Members:** Cynthia Swineford, RN, MSN, CNE – **Chair**  
Yvette Dorsey, DNP, RN  
Robert Scott, RN  
Shanna W. Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, Virginia Nurses Association (VNA)  
Christine Turner, PhD, RN, Virginia League for Nursing (VLN)  
Donna Wilmoth, MSN, RN, NE-BC, FACHE, Virginia Organization for Nurse Leaders (VONL)  
Cynthia Rubenstein, PhD, Virginia Association of Colleges of Nursing (VACN)  
Art Wells, State Council of Higher Education for Virginia (SCHEV)  
J. Anthony Williams, Ed.D., Virginia Department of Education (VDOE)

**Board Staff:** Jay Douglas, RN, MSM, CSAC, FRE, Executive Director  
Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager

(\*1<sup>st</sup> mailing – 1/10) (\*\*2<sup>nd</sup> mailing – 1/17)

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
Monday November 13, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:11 A.M., on November 13, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Ann T. Gleason, PhD, Citizen Member; **First Vice-President**  
Delia Acuna, FNP-C  
Carol Cartte, RN, BSN  
Margaret Friedenberg, Citizen Member  
Robert Scott, RN  
Meenakshi Shah, BA, RN

**STAFF PRESENT:**

Robin Hills, DNP, RN, WHNP, Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Sylvia Tamayo-Suijk, Senior Discipline Specialist

**OTHERS PRESENT:**

Laura A. Booberg, Assistant Attorney General  
Students from South University Richmond and Riverside College  
Of Health Careers

**ESTABLISHMENT  
OF A PANEL:**

With six members of the Board present, a panel was established.

**FORMAL HEARINGS:**

**James Larry Gorham, RN**  
**North Carolina License #121804 with multistate privilege**

Mr. Gorham appeared represented by Nathan Mortier and William Daisley III, his legal counsel.

Michael Parsons, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Bryan Horowitz, Senior Investigator, Enforcement Division; Rachel Jenkins, Activities Specialist, Commonwealth Center for Children and Adolescents (CCCA); David Everson, Public Safety Officer, CCCA; James Stevens, Acting Facility Director, CCCA; and Kathryn Tonnessen, former LPN at CCCA were present and testified. Melissa Ebach, Psychiatric Care Technician, testified via telephone.

RECESS: The Board recessed at 10:02 A.M.

RECONVENTION: The Board reconvened at 10:09 A.M.

RECESS: The Board recessed at 11:00 A.M.

RECONVENTION: The Board reconvened at 11:13 A.M.

RECESS: The Board recessed at 11:17 A.M.

RECONVENTION: The Board reconvened at 11:27 A.M.

RECESS: The Board recessed at 1:08 P.M.

RECONVENTION: The Board reconvened at 1:17 P.M.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:34 P.M., for the purpose of deliberation to reach a decision in the matter of **James Larry Gorham**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:30 P.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cartte and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing issue an order of reprimand to **James Larry Gorham** and impose terms on his privilege to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 2:31 P.M.

RECONVENTION: The Board reconvened at 2:57 A.M.

FORMAL HEARINGS: **Valerie Gail Falls, RMA** **0031-011880**

Ms. Falls did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

Steve Keene, Senior Investigator, Enforcement Division; Whitney Shoemaker, CAN; and Jessica Gale, LNHA, were present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Valerie Gail Falls**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:49 P.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cartte and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing revoke the registration of **Valerie Gail Falls** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.



This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:49 P.M.

RECONVENTION: The Board reconvened at 3:59 P.M.

FORMAL HEARINGS: **Augustin Kamto, CNA** **1401-210910**

Mr. Kamto appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, Freelance Court Reporter, recorded the proceedings.

The case of Augustin Kamto was continued.

ADJOURNMENT: The Board adjourned at 4:20 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
November 14, 2023**

**TIME AND PLACE:** The business meeting of the Board of Nursing was called to order at 9:03 A.M. on November 14, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**PRESIDING:** Cynthia M. Swineford, RN, MSN, CNE; President

**BOARD MEMBERS PRESENT:** Delia Acuna, FNP-C  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Shantell Kinchen, LPN  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**MEMBERS ABSENT:** None

**STAFF PRESENT:** Jay P. Douglas, RN, MSM, CSAC, FRE  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Jacquelyn Wilmoth; Deputy Executive Director  
Stephanie Willinger, Deputy Executive Director  
Randall Mangrum, DNP, RN; Nursing Education Program Manager  
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Operations Manager  
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager

**OTHERS PRESENT:** Laura Booberg, Senior Assistant Attorney General, Board Counsel  
Arne Owens, DHP Director  
James Jenkins, Jr., RN, DHP Chief Deputy  
Erin Barrett, JD, Director of Legislative and Regulatory Affairs  
Matthew Novak, DHP Policy Analyst

**IN THE AUDIENCE:** Terri Gaffney, PhD, MPA, RN, Marymount University  
Janet Wall, MS, Chief Executive Officer (CEO)  
Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF)  
Andrew Densmore, Medical Society of Virginia (MSV)  
Kelly Davis, Virginia Department of Education (VDOE)

**ESTABLISHMENT OF A QUORUM:**

Ms. Swineford welcomed Ms. Davis to her first Board business meeting as a new Board Member and asked Board Members and Staff to introduce themselves. With 14 members present, a quorum was established.

**ANNOUNCEMENTS:** Ms. Swineford acknowledged the following:

**Staff Update:**

- **Beth Wright** has accepted the P-14 Nursing Program Inspector position and started on September 25, 2023.

**UPCOMING MEETINGS:** The upcoming meetings listed on the agenda:

- 2023 VONL Fall Conference is scheduled for November 17, 2023 in Glen Allen, VA. Ms. Douglas will provide presentation titled “*Opportunities and Challenges in Nursing Regulation*”. Ms. Morris will also attend the conference.
- NCSBN Board of Directors (BOD) is scheduled for December 5-6, 2023 in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for December 4, 2023 at 9 AM in Board Room 3.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting has been **CANCELLED** for December 13, 2023.
- The Massage Therapy Advisory Board Annual Meeting is scheduled for December 15, 2023 at 10 am in Training Room 1.
- NCSBN Midyear Meeting is scheduled for March 12-14, 2024 in Atlanta, GA. Interested Board Members please inform Ms. Swineford or Ms. Douglas.
- Nursing and Nurse Aide Education Program Training Sessions:
  - TBD.

ORDERING OF  
AGENDA:

Ms. Swineford asked staff if there are modifications to the agenda.

Ms. Douglas noted the following additional items:

**Under Other Matters:**

Add the discussion of additional formal hearing dates in 2024.

Ms. Douglas noted that there are no cases for possible summary suspension consideration scheduled for 1 pm today.

Ms. Douglas added that the Regulatory Review Committee will meet in Board Room 4 at 3:30 pm.

CONSENT AGENDA:

The Board did not remove any items from the consent agenda.

Ms. Shah moved to accept the items on consent agenda listed below as presented. The motion was seconded by Ms. Buchwald and carried unanimously.

**Consent Agenda**

<b>B1</b> September 12, 2023	Business Meeting
<b>B2</b> September 12, 2023	Nominating Committee Meeting
<b>B3</b> September 13, 2023	Formal Hearings
<b>B4</b> October 11, 2023	Formal Hearings
<b>B5</b> October 11, 2023	Telephone Conference Call
<b>B6</b> October 16, 2023	Formal Hearings

**C1** - Board of Nursing Monthly Tracking Log

**C2** - Agency Subordinate Recommendation Tracking Log

**C3** - Executive Director Report

**C4** – HPMP Quarter Report, June 1 – September 30, 2023

**C5** - National League for Nursing (NLN) Education Summit on September 28-30, 2023 in National Harbor, MD - **Dr. Mangrum**

**C6** – Joint Boards of Nursing and Medicine Discipline October 25, 2023 Meeting DRAFT minutes

DIALOGUE WITH DHP  
DIRECTOR OFFICE:

Mr. Owens welcomed all Board Members and thanked them for their service. He also recognized the efforts of DHP and Board staff.

Mr. Owens provided the following information:

- DHP is an umbrella agency with 13 boards and many supporting divisions such as Enforcement division, Finance, IT and the Administrative Proceedings division

- General Assembly (GA) 2024 session will start in January in the new building. Mr. Owens
  - encouraged all to attend the legislative sessions in the new GA building as audience members;
  - stated that several DHP legislative proposals have been sent but no updates yet;
  - noted that at the last GA session, out of the eight HHS (8) bills, four (4) were DHP bills and he opined the same number may move forward for 2024 GA session.
- Healthcare Workforce Development Authority - the RAND study is complete, the report for which will be shared with Board members. The reports will also be posted to DHP website. Strategic planning is the next step for the Workgroup to address DHP concerns.
- Mr. Jenkins, DHP Chief Deputy and Special Advisor to the Virginia Special Healthcare Workforce, and Ms. Hoyle, Executive Director for Board of Psychology, have been involved in the Governor’s “Right Help Right Now” Behavioral Health Workgroup which hopes to have legislation in place for the upcoming 2024 GA session.

Ms. Swineford thanked Mr. Owens for his report.

DISPOSITION OF  
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

**Board Counsel Update:**

Ms. Booberg stated that there are no appeal cases to report on.

**Election of Officers for 2024:**

Ms. Swineford thanked Ms. Friedenbergs, Ms. Buchwald and Dr. Dorsey for serving on the Nominating Committee.

Ms. Swineford directed Board members to consider following documents, including the Slate of Candidates for Officers who will begin their terms on January 1, 2024, that were provided in advance of this election:

- ❖ **D1** - Memo regarding Slate of Candidates for Officer Positions for 2024
- ❖ **D2** - Board of Nursing Bylaws (Guidance Document 90-57)
- ❖ **D3** - Duties and Functions of Board of Nursing Officers

Ms. Swineford asked Ms. Friedenbergs to proceed with the election. Ms. Friedenbergs recommended that the Board accept the nominations by acclamation.

Ms. Buchwald moved to accept the nominations by acclamation as presented. The motion was seconded by Ms. Shah and carried unanimously.

The Officers who will begin their terms on January 1, 2024 are Ms. Swineford as President, Dr. Gleason as First Vice-President, and Dr. Dorsey as Second Vice-President.

**Special Conference Committee (SCC) Composition:**

Ms. Douglas noted that Board Members are divided into Special Conference Committees (SCC) with two (2) Board Members per SCC. Ms. Swineford is still working on the composition of the SCCs. For the first half of 2024, the majority of the informal conferences will be conducted by the Agency Subordinates.

**Additional Formal Hearing (FH) dates for first half of 2024:**

Ms. Douglas stated that Board Members were polled for their availability for additional FH dates in the first half of 2024.

Ms. Douglas asked that Board Members to hold the following dates on their calendar and staff will notify them as soon as possible regarding committee assignments. The dates are:

- Thursday, 2/29/2024
- Thursday, 4/18/2024
- Tuesday, 6/11/2024

Ms. Douglas added that the other dates included in the poll can be released now and thanked Board Members for their willingness to provide additional dates.

**Proposal from PSI regarding the Medication Aide Exam:**

- **D4** – Memorandum from Staff
- **D5** – PSI Executive Summary
- **D6** – PSI Confidential Information for consideration – **CLOSED MEETING**

Ms. Wilmoth noted that PSI is the testing company for medication aides. Further she shared an overview of the updates to testing that have occurred over the last year and rationale for the suggested 1% increase in the passing standard.

Ms. Douglas added that registered medication aides (RMA) are trained to administer medications to assistant living facility residents only.

Ms. Buchwald moved to approve the 1% increase of the passing standard for the Medication Aide Examination. The motion was seconded by Dr. Parke and carried with 13 votes in favor of the motion. Mr. Hogan opposed the motion.

**EDUCATION:**

**Education Update:**

Ms. Wilmoth reported the following:

### **Nurse Aide Education Program Updates**

- Active applications – 11
- New programs in 2023 – 13
- Total Number of programs – 261 with 18 of those are inactive (no students enrolled currently)

### **Medication Aide Program Updates**

- Board Staff continue to verify active programs. Total number of programs, about 230, continues to fluctuate as staff make contact and receive information from programs.
- Active applications – 6
- New programs in 2023 - 8

### **Nursing Education Programs Updates**

- Next Generation NCLEX (NGN) launched April 1, 2023, for RN and PN. Second full quarter of NGN pass rates ended on September 30, 2023. It was noted there was a slight decrease in national pass rates for the quarter. Virginia pass rates remain above national average for both RN and PN.
- Active application – there are 2 PN applications. 1 ADN application, and 1 BSN application under review.
- New programs in 2023:
  - ❖ Northern Virginia Community College PN Program – June 14, 2023
  - ❖ Tidewater Community College PN Program – October 9, 2023
- Total number of programs – 144 of which 60 PN programs and 84 RN programs (39 BSN, 43 ADN and 2 Masters)
- Faculty exceptions continue to be requested, mostly for clinical faculty positions.

Mr. Owens left the meeting at 9:46 A.M.

Ms. Wilmoth shared that it took NCSBN 10 years to develop the next generation NCLEX (NGN), which has 135 questions including case study questions. Each case study has six (6) questions and each tester receives 3 case studies per exam.

Ms. Douglas added that NGN measures clinical judgment and allow for partial scoring which is different from the old version of the NCLEX.

Ms. Wilmoth noted that she will send out the 2024 dates for Education Informal Conferences to Board Members asking for their availability to serve on the Education Informal Conference Committee.

**E1 – Memo and NCSBN 2022 Nursing Education Annual Report Data Summary**

**E2 – Combined Memo Board Member Added Questions**

Ms. Wilmoth stated that the Virginia Board of Nursing has participated in the NCSBN Annual Report since its inception in 2020. Further she shared the focus of the NCSBN annual report is on program quality whereas the DHP annual survey focuses on workforce.

Ms. Wilmoth added that, while not required in regulation for programs to complete, many approved programs have completed the survey providing valuable information to both NCSBN and the Virginia Board of Nursing.

Ms. Wilmoth noted that E1 includes a summary of the results from the survey completed by programs in January 2023, including a summary of the responses to the questions provided by two Board Members who responded to the request for input.

Mr. Jenkins left the meeting at 9:50 A.M.

Ms. Wilmoth stated that the Board continues to have the opportunity to recommend additional questions for the NCSBN survey to obtain data that is not collected in the regulatory required annual report.

Ms. Wilmoth noted that E2 includes the questions/topics that were suggested as additions to the Board section of the NCSBN annual report.

After discussion, the Board decided on the following:

- Leave question # 1 as is – What is your program doing to promote the recruitment of faculty?
- Consider the inclusion of examples to # 2 question – What is your program doing to promote faculty retention (for example, tuition reimbursement, competitive salary, mileage reimbursement, team teaching, 401K matching, flexibility, etc.)?.
- Consider the inclusion of examples to # 3 question – What are enrollment benefits your program is offering to prospective students (for example, career service support, mentoring program, DEI, etc.)?
- Table question # 4 (proposed and tabled by Mr. Hogan)

Ms. Wilmoth will update the questions per the Board's discussion and provide to NCSBN for inclusion in the annual report.



**PUBLIC COMMENT:**

Janet Wall, MS, CEO, VNA/VNF provided the following update:

- The Public Policy Platform for 2024 is completed and created by the Virginia Legislative Nursing Alliance (VLNA) to address three (3) pillars:
  - ❖ Strengthening the workforce - Just culture for unintended errors – growing.
  - ❖ Increasing access to care – decreasing barriers (health equity), school nurses in every schools.
  - ❖ Advancing full practice authority – Advanced Practice Registered Nurse (APRN) Compact.
- VNA Legislative Summit is scheduled for November 15, 2023
- VNA Lobby Day is scheduled for January 18, 2024
- Nurse Leadership Academy will be launched in February 2024. There are \$25,000 scholarships available for public health nurses. VNA is pursuing grants for health equity in maternal health, and for inclusion & belonging through the National Commission to Address Racism in Nursing.

**RECESS:**

The Board recessed at 10:29 A.M.

**RECONVENTION:**

The Board reconvened at 10:44 A.M.

**LEGISLATION/  
REGULATION:**

Ms. Barrett reported the following:

**F1 Chart of Regulatory Actions**

Ms. Barrett provided an overview of the regulatory actions found in the chart provided previously.

Ms. Douglas clarified that credentials cases are applicant cases.

**F2 - Completion of Periodic Review of Public Participation Guidelines contained in 18VAC90-11**

Ms. Shah moved to retain 18VAC90-11 as is. The motion was seconded by Dr. Parke and carried unanimously.

Ms. Barrett and Mr. Novak left the meeting at 10:45 A.M.

**CONSIDERATION OF CONSENT ORDERS:**

**G1 – Luxy Zhao, LMT**

**0019-016718**

Ms. Shah moved that the Board of Nursing accept the consent order to revoke the license of **Luxy Xhao** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**G2 – Hwa Su Kim, RN**

**0001-105914**

Dr. Parke moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension the license of **Hwa Su Kim** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

RECESS: The Board recessed at 10:55 A.M.

RECONVENTION: The Board reconvened at 11:01 A.M.

**BOARD MEMBER DEVELOPMENT:**

**Administrative Proceedings Presentation by Ms. Douglas**

Ms. Douglas presented the following:

- Two types of administrative proceedings – informal conferences and formal hearings
- Informal Conference (IFC) versus Formal Hearing (FH)
- Preparing for an IFC
- Glossary

RECESS: The Board recessed at 12:00 P.M.

RECONVENTION: The Board reconvened at 1:34 P.M.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

Board Members for **ODD** number recommendations in **BOARD ROOM 2:**

**Presiding:** Cynthia Swineford, RN, MSN, CNE; **President**  
Delia Acuna, FNP-C  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis LPN  
Paul Hogan, Citizen Member  
Helen Parke, DNP, FNP-BC

**#3 – Tara Dawn Hammock, RN** **0001-170022**  
Ms. Hammock appeared and addressed the Board.

**#23 – Henry Edward Easton, Jr., RMA** **0031-012746**  
Mr. Easton appeared and addressed the Board.

CLOSED MEETING:

Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:50 P.M. for the purpose of considering the agency subordinate recommendation regarding **Tara Dawn Hammock, RN (#3) and Henry Edward Easton, Jr., RMA (#23)**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Bargdill, and Ms. Vu attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Cartte and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:15 P.M.

Dr. Parke moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Cartte and carried unanimously.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Tara Dawn Hammock (#3)** to practice professional nursing in the Commonwealth of Virginia from the date of entry of the Order with suspension stayed upon proof of Ms. Hammock's entry into a contact with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Cartte and carried unanimously.

Ms. Cartte moved that the Board of Nursing reject the recommendation of the agency subordinate and refer the matter of **Henry Edward Easton, Jr., RMA (#23)** to a formal hearing. The motion was seconded by Dr. Cox and carried with five (5) votes in favor of the motion. Dr. Parke and Ms. Davis opposed the motion.

**#1 – Wendy Cotney Farr, RN** **0001-261442**  
Ms. Farr did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Wendy Cotney Farr** to practice professional nursing in the Commonwealth of Virginia from

the date of entry of the Order with suspension stayed upon proof of Ms. Farr's entry into a contact with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Cartte and carried unanimously.

**#5 – Heather Tallent, LPN**

**North Carolina License # PN094688  
With Multistate Privileges**

Ms. Tallent did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand **Heather Tallent** and within 90 days from the date of entry of the Order, Ms. Tallent shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professional accountability and legal liability in nursing and understanding and (ii) avoiding fraudulent documentation. The motion was seconded by Ms. Cartte and carried unanimously.

**#7 – Shauna Candacy Funderburk, LPN**

**0002-087653**

Ms. Funderburk did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Shauna Candacy Funderburk** to practice practical nursing in the Commonwealth of Virginia for a period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Ms. Cartte and carried unanimously.

**#9 – Heather L. Crowe, RN**

**0001-225027**

Ms. Crowe did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand **Heather L. Crowe** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

**#11 – Danielle Marie Phares, LPN, RN**

**0002-088984 & 0001-312268**

Ms. Phares did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand **Danielle Marie Phares** and within 90 days from the date of entry of the Order, Ms. Phares shall provide written proof satisfactory to the Board of successfully completion of a course in the subject of Ethics & Professionalism in Nursing. The motion was seconded by Ms. Cartte and carried unanimously.

**#13 – Amanda Griffin Oakley, LPN**

**0002-056411**

Ms. Oakley did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand Amanda Griffin Oakley and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Oakley's entry into a contact with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Cartte and carried unanimously.

**#15 – Crystal Anna Sands McKinney, CNA**

**1401-084813**

Ms. McKinney did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to revoke the certificate of **Crystal Anna Sands McKinney** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Cartte and carried unanimously.

**#19 – ChaiDasha Jackson, CNA**

**1401-176609**

Ms. Jackson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand **ChaiDasha Jackson**, assess a monetary penalty of \$2,000.00 within 60 days from the date of entry of the Order, and within 90 days from the date of entry of the Order, Ms. Jackson shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least nine (9) contact hours in the subjects of ethics and professionalism related to nurse aide practice. The motion was seconded by Ms. Cartte and carried unanimously.

**#25 – Laura Michelle Jolly, RN**

**0001-232138**

Ms. Jolly did not appear.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to suspend the license of **Laura Michelle Jolly** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Jolly's entry into a contact with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Cartte and carried unanimously.

**#27 – Tonya Renee Brandon, RMA**  
Ms. Brandon did not appear.

**0031-009428**

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to require **Tonya Renee Brandon**, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of two (2) contact hours of continuing education in the subject of safe medication administration. The motion was seconded by Ms. Cartte and carried unanimously.

**#31 – Deborah L. Thomas, LPN**  
Ms. Thomas did not appear.

**0002-057827**

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to reprimand **Deborah L. Thomas** and within 60 days to provide written proof satisfactory to the Board of successful completion of three (3) contact hours of continuing education in each of the following subjects: medication errors, proper handling and documentation of medications; professional accountability and legal liability for nurses, and ethics and professionalism in nursing. The motion was seconded by Ms. Cartte and carried unanimously.

**#33 – Lindsey Marie Greenwell, RN**  
Ms. Greenwell did not appear.

**0001-220137**

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Lindsey Marie Greenwell** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

**#35 – Elise Lim Tran, RN**  
Ms. Tran did not appear.

**0001-285116**

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to place the license of **Elise Lim Tran** to practice professional nursing in the Commonwealth of Virginia on probation with terms and conditions from the date of entry of the Order and end no earlier than such time as Ms. Tran has completed 12 months of active professional nursing. The motion was seconded by Ms. Cartte and carried unanimously.

CLOSED MEETING:

Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:23 P.M. for the purpose of considering the remainder agency subordinate recommendations regarding **#17, 21 and 29**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Bargdill, and Ms. Vu attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Acuna and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:33 P.M.

Dr. Parke moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Cox and carried unanimously.

**#17 – Melinda S. Vowell, CNA** **1401-202484**  
Ms. Vowell did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Melinda S. Vowell** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Davis and carried unanimously.

**#21 – Chazzy Hunter, CNA** **1401-141496**  
Ms. Hunter did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Chazzy Hunter** and to require her that, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of nine (9) contact hours of continuing education in the subject of ethics and professionalism related to nurse aide practice. The motion was seconded by Ms. Cartte and carried unanimously.

**#29 – Samantha M. Randall, CNA** **1401-197636**  
Ms. Randall did not appear.

Mr. Hogan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Samantha M. Randall to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Acuna and carried unanimously.

Board Members for **EVEN** number recommendations in **BOARD ROOM 4:**

**Presiding:** A Tucker Gleason, PhD, Citizen Member; **First Vice-President**  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette Dorsey, DNP, RN  
Margaret Friedenber, Citizen Member  
Shantell Kinchen, LPN  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**#24 – Hannah Nicole Hudson, LPN Applicant (case # 228347)**  
Ms. Hudson appeared and addressed the Board.

**CLOSED MEETING:** Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:41 P.M. for the purpose of considering the remainder agency subordinate recommendations regarding **Hannah Nicole Hudson, LPN Applicant**. Additionally, Ms. Shah moved that Ms. Morris, Dr. Hills, Ms. Wilkins, and Ms. Booberg, Board Counsel attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Dorsey and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 2:09 P.M.  
Ms. Shah moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Dorsey and carried unanimously.

Ms. Buchwald moved that the Board of Nursing modify the recommended decision of the agency subordinate to approve the application of Hannah Nicole Hudson for practical nursing in the Commonwealth of Virginia contingent upon Ms. Hudson's providing proof of completion of all terms of the Court Order. The motion was seconded and carried with six (6) votes in favor of the motion. Ms. Shah opposed the motion.

**#2 – Ashley F. Johnston, LPN** **0002-095203**  
Ms. Johnston appeared and addressed the Board.

**CLOSED MEETING:** Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:15 P.M. for the purpose of considering the remainder agency subordinate



recommendations regarding **Ashley F. Johnston**. Additionally, Ms. Shah moved that Ms. Morris, Dr. Hills, Ms. Wilkins, and Ms. Booberg, Board Counsel attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Dorsey and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:27 P.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Dorsey and carried unanimously.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to require that within 90 days from the date of entry of the Order, Ashley F. Johnston shall provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professional accountability and legal liability for nurses, and (ii) ethics and professionalism in nursing. The motion was seconded by Dr. Dorsey and carried with five (5) votes in favor of the motion. Dr. Gleason and Ms. Kinchen opposed the motion.

RECESS:

The Board recessed at 2:35 P.M.

RECONVENTION:

The Board reconvened at 2:42 P.M.

**#16 – Wanda Sanders, CNA**

**1401-137646**

Ms. Sanders appeared and addressed the Board.

CLOSED MEETING:

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:44 P.M. for the purpose of considering the remainder agency subordinate recommendations regarding **Wanda Sanders**. Additionally, Ms. Shah moved that Ms. Morris, Dr. Hills, Ms. Wilkins, and Ms. Booberg, Board Counsel attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Dorsey and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:50 P.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open

meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Dorsey and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Wanda Sanders** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Dorsey and carried unanimously.

**#4 - Iyonna Kuchien Jackson, LPN** **0002-088164**

Ms. Jackson did not appear but submitted a written response.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Iyonna Kuchien Jackson** on indefinite probations with terms and conditions. The motion was seconded by Ms. Buchwald and carried unanimously.

**#6 – Jill Lillian Myers, LPN** **0002-062677**

Ms. Myers did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Jill Lillian Myers** to practice practical nursing in the Commonwealth of Virginia for a period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Ms. Buchwald and carried unanimously.

**#8 - Melody Lovelace, LPN** **North Carolina License # NC048201  
With Multistate Privileges**

Ms. Lovelace did not appear but submitted written responses.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of **Melody Lovelace** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#10 - Jill Denise Rives, RN** **0001-207093**

Ms. Rives did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jill Denise Rives** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#12 - Ashley Nicole Woodward, LPN**

**0002-092847**

Ms. Woodward did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Ashley Nicole Woodward** and to require, within 60 days from the date of entry of the Order, Ms. Woodward shall provide written proof of satisfactory to the Board of successful completion of three (3) contact hours of continuing education in each of the subjects of (i) proper administration & documentation of medications, and (ii) ethics and professionalism in nursing. The motion was seconded by Ms. Buchwald and carried unanimously.

**#14 - Samone L. Boone, CNA**

**1401-177496**

Ms. Boone did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Samone L. Boone**. The motion was seconded by Ms. Buchwald and carried unanimously.

**#18 - Brittany Culotta, CNA**

**1401-207522**

Ms. Culotta did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Brittany Culotta** and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried unanimously.

**#20 - Dianna Gordon, CNA**

**1401-219060**

Ms. Gordon did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Dianna Gordon** and to require, within 60 days from the date of entry of the Order, Ms. Gordon shall provide proof satisfactory to the Board of successful completion of nine (9) contact hours of continuing education in the subject of ethic and professionalism related to nurse aide practice. The motion was seconded by Ms. Buchwald and carried unanimously.

**#22 - Celenia Leann Sampson, RMA**

**0031-008889**

Ms. Sampson did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the registration of **Celenia Leann Sampson** to practice as a medication aide in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Ms. Buchwald and carried unanimously.

**#26 - Chrischelle Reyes, CNA**

**1401-213473**

Ms. Reyes did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Chrischelle Reyes** and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried unanimously.

**#28 - Samantha Lynn Maier, RMA**

**0031-012331**

Ms. Maier did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Samantha Lynn Maier** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#30 - Brittany Reed, CNA**

**1401-211005**

Ms. Reed did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Brittany Reed** to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#32 - Tina Sanchez, RN**

**0001-290515**

Ms. Sanchez did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Tina Sanchez** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Sanchez' entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Buchwald and carried unanimously.

**#34 - Kathie Arella Adams, LPN**

**0002-064163**

Ms. Adams did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kathie Arella Adams** and to place her license to practice practical nursing in the Commonwealth of Virginia on indefinite probations with terms and conditions. The motion was seconded by Ms. Buchwald and carried unanimously.

RECESS: The Board recessed at 3:39 P.M.

RECONVENTION: The Board reconvened at 3:54 P.M.

**BOARD MEMBER DEVELOPMENT:**

**Administrative Proceeding Presentation by Ms. Booberg.**

Ms. Booberg presented the following:

- Possible Prehearing Board Actions – Summary Suspension and Mandatory Suspension
- Basic Formal Hearing Procedures
- Open vs. Closed Sessions
- Panel Members at Hearings
- Witnesses – Motion to Exclude Witnesses
- Remote Witness Testimony
- Board Questions
- Attorneys

Ms. Douglas announced that Ms. Booberg will continue her training at the January 23, 2024 meeting.

Ms. Douglas asked Board Members and staff who serve on the Regulatory Review Committee today to go to Board Room 4 for the meeting.

ADJOURNMENT: The Board adjourned at 3:32 P.M.

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Cynthia M. Swineford, RN, MSN, CNE  
President

**VIRGINIA BOARD OF NURSING**  
**FORMAL HEARINGS**  
**Panel A**  
**November 15, 2023**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on November 15, 2023, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS

PRESENT:

Cynthia M. Swineford, MSN, RN, CNE; **President**  
Delia Acuna, FNP-C  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Yvette L. Dorsey, DNP, RN  
Paul Hogan, Citizen Member  
Helen Parke, DNP, FNP-BC  
Dawn Hogue, LMT- **11:00 A.M. case only**

STAFF PRESENT:

Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT:

Laura A. Booberg, Assistant Attorney General

ESTABLISHMENT  
OF A PANEL:

With seven members of the Board present, a panel was established.

FORMAL HEARINGS:

**Jennifer Lynn Jones, CNA Reinstatement, RMA Applicant**  
**1401-211780**

Ms. Jones appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

William Gorwood, Senior Investigator, Enforcement Division, and Barbara Middleton, CNA, were present and testified.

CLOSED MEETING:

Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:47 A.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer**

**Lynn Jones.** Additionally, Dr. Cox moved that Ms. Morris Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:26 A.M.

Dr. Cox moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing approve the application for reinstatement of the certificate of **Jennifer Lynn Jones** to practice as a nurse aide in the Commonwealth of Virginia and approve the medication aide application for **Jennifer Lynn Jones**. The motion was seconded by Lieutenant Colonel Acuna and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 10:27 A.M.

RECONVENTION: The Board reconvened at 11:03 A.M.

FORMAL HEARINGS: **Richard Pennington Sitorius, LRT Reinstatement Applicant**  
**0019-008908**

Ms. Sitorius appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Scott Dillon, Senior Investigator, Enforcement Division, Joyce Johnson, Senior Investigator, Enforcement Division, and Client A were present and testified.

RECESS: The Board recessed at 12:29 P.M.

RECONVENTION: The Board reconvened at 12:41 P.M.

RECESS: The Board recessed at 12:57 P.M.

RECONVENTION: The Board reconvened at 1:43 P.M.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:06 P.M., for the purpose of deliberation to reach a decision in the matter of **Richard Pennington Sitorius**. Additionally, Dr. Cox moved that Ms. Morris, Ms. Bargdill, Ms. Tamayo-Suijk and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:06 P.M.

Dr. Cox moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Dorsey and carried unanimously.

ACTION: Dawn Hogue moved that the Board of Nursing reinstate the massage therapy license of **Richard Pennington Sitorius** with terms and issue a reprimand. The motion was seconded by Lieutenant Colonel Acuna and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 4:07 P.M.



RECONVENTION: The Board reconvened at 4:22 P.M.

FORMAL HEARINGS: **Michele Denise Prince Turner, RN** **0001-168712**

Ms. Turner appeared.

David Robinson, Assistant Attorney General, and Avi Efreom, Adjudication Specialist, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Kimberly Martin, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:14 P.M., for the purpose of deliberation to reach a decision in the matter of **Michele Denise Prince Turner**. Additionally, Dr. Cox moved that, Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:34 P.M.

Dr. Cox moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Dorsey and carried unanimously.

ACTION: Dr. Cox moved that the Board of Nursing indefinitely suspend the professional nursing license of **Michele Denise Prince Turner** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

Virginia Board of Nursing  
Formal Hearings  
Panel A  
November 15, 2023

ADJOURNMENT:                   The Board adjourned at 5:35 P.M.

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Lelia Claire Morris, RN, LNHA;  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
Panel B  
November 15, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:02 A.M., on November 15, 2023, in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** A. Tucker Gleason, PhD, Citizen Member; **First Vice President**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Margaret Friedenberg, Citizen Member  
Shantell Kinchen, LPN  
Meenakshi Shah, BA, RN

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Breana Wilkins, Administrative Support Specialist

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General

**ESTABLISHMENT OF A PANEL:** With six members of the Board present, a panel was established.

**FORMAL HEARINGS:** **Jonathan Lee Davis, RN Reinstatement Applicant 0001-266292**  
Mr. Davis appeared and was represented by Eileen Talamante and Brian Vieth, his legal counsel.  
  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mona Brooks, court reporter with Veteran Reporters, recorded the proceedings.  
  
Gary Bailey, Senior Investigator, Enforcement Division, and Parke Slater, Senior Investigator, Enforcement Division, were present and testified.

**CLOSED MEETING:** Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:40 A.M., for the purpose of deliberation to reach a decision in the matter of **Jonathan Lee Davis**. Additionally, Ms. Kinchen moved that Ms. Douglas, Dr.

Hills, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:45 P.M.

Ms. Kinchen moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing approve the reinstatement of the license of **Jonathan Lee Davis** to practice as a professional nurse valid in the Commonwealth of Virginia only. The motion was seconded by Ms. Kinchen and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 12:45 P.M.

RECONVENTION: The Board reconvened at 1:26 P.M.

FORMAL HEARINGS: **Boyblue Turkasua, CNA** **1401-177265**

Mr. Turkasua appeared accompanied by his mother, Beatrice Kocsis.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Rutkowski was legal counsel for the Board. Mona Brooks, court reporter with Veteran Reporters, recorded the proceedings.

Maria Josen, Senior Investigator, Enforcement Division; Erikka Hallback, Nursing Home Administrator (NHA); and Johnathan Terrell, NHA, were present and testified.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:11 P.M., for

the purpose of deliberation to reach a decision in the matter of **Boyblue Turkasua**. Additionally, Ms. Kinchen moved that Ms. Douglas, Dr. Hills, Ms. Wilkins, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:28 P.M.

Ms. Kinchen moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

ACTION:

Ms. Buchwald moved that the Board of Nursing revoke the nurse aide certification of **Boyblue Turkasua** with a finding of abuse. The motion was seconded by Ms. Cartte and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS:

The Board recessed at 2:29 P.M.

RECONVENTION:

The Board reconvened at 4:42 P.M.

FORMAL HEARINGS:

**Kristin Hope Rhody, LPN**

**0002-078966**

Ms. Rhody did not appear.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mona Brooks, court reporter with Veteran Reporters, recorded the proceedings.

Teresa Turner, RN, Administrator at Pulaski Health and Rehab; Christina Collins, RN, Director of Nursing, Pulaski Health and Rehab; and Carole Steele, Senior Investigator, Enforcement Division, were present and testified. Paula A. Linkous, Corporal with Pulaski Police Department, testified via telephone.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Kristin Hope Rhody**. Additionally, Ms. Kinchen moved that, Ms. Douglas, Dr. Hills, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:25 P.M.

Ms. Kinchen moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Friedenbergl and carried unanimously.

ACTION: Ms. Cartte moved that the Board of Nursing indefinitely suspend the license of **Kristin Hope Rhody** to practice as a practical nurse in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:26 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
November 16, 2023**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:31 A.M., on November 16, 2023, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Yvette L. Dorsey, DNP, RN; **Second Vice-President**  
Laurie Buchwald, MSN, WHNP, FNP  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Shantell Kinchen, LPN  
Helen Parke, DNP, FNP-BC  
Robert Scott, RN

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director for Education  
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist  
Beth Yates, Education Program Specialist

**OTHERS PRESENT:** Laura Booberg, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:** With seven members of the Board present, a panel was established.

**FORMAL HEARING:** **Medical Learning Center Practical Nursing (MLC-PN) Education Program (US28110500)**  
Representative from Medical Learning Center Practical Nursing Education Program did not appear.  
  
Amanda Wilson, Assistant Attorney General and Grace Stewart, Adjudication Specialist, Administrative Proceedings Division represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.  
  
Sandra Freeman, Director for Private Post Secondary Education, and Wietske Weigel-Delano, Senior Investigator, Enforcement Division, were present and testified.

**CLOSED MEETING:** Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:11 A.M., for

the purpose of deliberation to reach a decision in the matter of Medical Learning Center Practical Nursing Education Program. Additionally, Dr. Smith moved that Ms. Douglas, Ms. Wilmouth, Ms. Tamayo-Suijk, Ms. Yates, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:32 A.M.

Dr. Cox moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION:

Ms. Buchwald moved that Medical Learning Center (MLC) Practical Nursing Education Program approval remain withdrawn, and MLC shall immediately cease to admit new students or operate a practical nursing education program. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 11:32 A.M.

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Jacquelyn Wilmouth, RN, MSN  
Deputy Executive Director for Education



**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
December 7, 2023**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 7, 2023, at 4:32 P.M.

**The Board of Nursing members participating in the call were:**

Cynthia Swineford, RN, MSN, CNE; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Margaret Friedenberg, Citizen Member  
A. Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Shantell Kinchen, LPN  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Amanda Paula-Wilson, Assistant Attorney General  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Francesca Iyengar, Discipline Case Manager  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Huong Vu, Operations Manager  
Breana Wilkins, Administrative Support Specialist

The meeting was called to order by Ms. Swineford. With 11 members of the Board of Nursing participating, a quorum was established.

Amanda Paula-Wilson, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **Michena Anezy, RN (0001-293293)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:39 P.M., for the purpose of deliberation to reach a decision in the matter of **Michena Anezy**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
December 12, 2023

Ms. Paula-Wilson, Mr. Kazzie, Ms. Gray, Ms. Iyengar, and Ms. Wilkins left the meeting at 4:40 P.M.

**RECONVENTION:** The Board reconvened in open session at 4:55 P.M.

Ms. Paula-Wilson, Mr. Kazzie, Ms. Gray and Msa. Iyengar re-joined the meeting at 4:56 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cox and carried unanimously.

Dr. Gleason moved to summarily suspend the license of **Michena Anezy** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

Amanda Paula-Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Donald Carl Ferraro, RN (RN9253317 with multistate privilege)** may present a substantial danger to the health and safety of the public.

Ms. Davis moved to summarily suspend the privilege to practice of **Donald Carl Ferraro** pending a formal administrative hearing. The motion was seconded by Dr. Gleason and carried unanimously.

The meeting was adjourned at 5:06 P.M.

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Claire Morris, RN, LHNA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**January 4, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 4, 2024, at 4:30 P.M.

**The Board of Nursing members participating in the call were:**

Cynthia Swineford, RN, MSN, CNE; **Chair**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Pamela Davis, LPN  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
A. Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Shantell Kinchen, LPN  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Amanda Padula-Wilson, Assistant Attorney General  
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Francesca Iyengar, Discipline Case Manager  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 12 members of the Board of Nursing participating, a quorum was established.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice as a practical nurse by **Bobbie Lacks (0002-074579)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of **Bobbie Lacks**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
January 4, 2024

Ms. Paula-Wilson, Ms. Stewart and Ms. Iyengar left the meeting at 4:44 P.M.

**RECONVENTION:** The Board reconvened in open session at 4:53 P.M.

Ms. Paula-Wilson, and Ms. Stewart re-joined the meeting at 4:55 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

Ms. Shah moved to summarily suspend the license of **Bobbie Lacks** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing for a period of not less than one year. The motion was seconded by Ms. Davis and carried unanimously.

The meeting was adjourned at 4:56 P.M.

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Claire Morris, RN, LHNA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**January 22, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 22, 2024, at 8:34 A.M.

**The Board of Nursing members participating in the call were:**

A Tucker Gleason, PhD, Citizen Member; **Chair**  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Margaret Friedenberg, Citizen Member  
Shantell Kinchen, LPN  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Amanda Padula-Wilson, Assistant Attorney General  
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Huong Vu, Operations Manager

The meeting was called to order by Dr. Gleason. With 8 members of the Board of Nursing participating, a quorum was established.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice as a practical nurse by **Alicia Lynn Lack (0002-098001)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 8:45 A.M., for the purpose of deliberation to reach a decision in the matter of **Alicia Lynn Lack**. Additionally, Mr. Scott moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Vu, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

Ms. Paula-Wilson and Ms. Joseph left the meeting at 8:45 A.M.

**RECONVENTION:** The Board reconvened in open session at 8:57 A.M.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
January 22, 2024

Ms. Paula-Wilson and Ms. Joseph re-joined the meeting at 8:58 A.M.

Mr. Scott moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

Ms. Cartte moved to summarily suspend the license of **Alicia Lynn Lack** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing for a period of not less than two years. The motion was seconded by Mr. Scott and carried unanimously.

The meeting was adjourned at 8:59 A.M.

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Jay Douglas, MSM, RN, CSAC, FRE;  
Executive Director

<i>License Count</i>	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec
<b>Nursing</b>												
Practical Nurse	27,487	27,465	27,415	27,319	27,269	27,240	27,265	27,280	27,285	27,220	27,152	27,104
Registered Nurse	118,901	119,252	119,372	119,068	118,981	119,811	120,575	120,723	120,752	120,898	120,757	120,636
Massage Therapy	8,156	8,141	8,135	8,133	8,142	8,135	8,130	8,149	8,158	8,137	8,169	8,172
Medication Aide	6,783	6,822	6,841	6,860	6,863	6,898	6,883	6,911	6,922	6,929	6,939	6,962
Advanced Practice Registered Nurse (APRN) Total (effective 7/1/2023 --> NPs are now APRNs)	18,001	18,155	18,309	18,383	18,567	18,693	18,848	19,121	19,398	19,589	19,773	19,919
Autonomous Practice	2,833	2,882	2,921	2,949	2,994	3,019	3,043	3,081	3,114	3,136	3,173	3,208
Clinical Nurse Specialist	396	395	393	390	390	387	385	381	380	382	381	377
Certified Nurse Midwife	456	459	460	461	464	465	467	468	472	472	471	469
Certified Registered Nurse Anesthetist	2,357	2,379	2,386	2,386	2,401	2,419	2,427	2,437	2,451	2,481	2,499	2,512
Other APRNs	11959	12040	12149	12197	12318	12403	12526	12754	12981	13118	13249	13353
<b>Total for Nursing</b>	<b>179328</b>	<b>179835</b>	<b>180072</b>	<b>179763</b>	<b>179822</b>	<b>180777</b>	<b>181701</b>	<b>182184</b>	<b>182515</b>	<b>182773</b>	<b>182790</b>	<b>182793</b>

<b>Nurse Aide</b>	<b>49,046</b>	<b>49,185</b>	<b>49,329</b>	<b>49,576</b>	<b>49,769</b>	<b>49,919</b>	<b>50,388</b>	<b>50,381</b>	<b>50,676</b>	50,706	50,624	50,461
Advanced Nurse Aide	39	40	43	42	43	44	51	52	51	51	51	51
<b>Total for Nurse Aide</b>	<b>49085</b>	<b>49225</b>	<b>49372</b>	<b>49618</b>	<b>49812</b>	<b>49963</b>	<b>50439</b>	<b>50433</b>	<b>50727</b>	<b>50757</b>	<b>50675</b>	<b>50512</b>
<b>License Count Grand Total</b>	<b>228413</b>	<b>229060</b>	<b>229444</b>	<b>229381</b>	<b>229634</b>	<b>230740</b>	<b>232140</b>	<b>232617</b>	<b>233242</b>	<b>233530</b>	<b>233465</b>	<b>233305</b>
<b>Open Cases Count</b>												
Nursing	1431	1459	1511	1481	1434	1455	1410	1474	1513	1593	1,601	1,695
Nurse Aide	484	492	496	519	486	458	423	446	422	440	470	478
<b>Open Cases Total</b>	<b>1915</b>	<b>1951</b>	<b>2007</b>	<b>2000</b>	<b>1920</b>	<b>1913</b>	<b>1833</b>	<b>1920</b>	<b>1935</b>	<b>2033</b>	<b>2071</b>	<b>2173</b>

<b>Case Count by Occupation</b>													<b>Total</b>
Rec'd RN	60	60	87	56	67	72	88	68	116	79	56	73	<b>882</b>
Rec'd PN	29	22	40	28	26	36	33	45	47	54	38	35	<b>433</b>
Rec'd APRN, AP, CNS	20	25	29	33	21	20	36	45	32	38	25	33	<b>357</b>
Rec'd LMT	6	15	3	4	34	4	5	9	4	8	10	7	<b>109</b>
Rec'd RMA	5	8	12	5	9	21	9	19	10	16	10	7	<b>131</b>
Rec'd Edu Program	1	1	1	0	2	1	2	2	2	1	1	2	<b>16</b>
<b>Total Received Nursing</b>	<b>121</b>	<b>131</b>	<b>172</b>	<b>126</b>	<b>159</b>	<b>154</b>	<b>173</b>	<b>188</b>	<b>211</b>	<b>196</b>	<b>140</b>	<b>157</b>	<b>1,928</b>
Closed RN	45	65	67	111	66	94	68	70	53	70	49	46	<b>804</b>
Closed PN	31	33	38	59	64	44	30	25	41	49	25	31	<b>470</b>
Closed APRN, AP, CNS	39	20	27	22	28	77	43	27	38	18	39	50	<b>428</b>
Closed LMT	1	6	4	2	2	4	7	15	7	4	1	1	<b>54</b>
Closed RMA	5	16	8	4	4	18	7	20	15	7	8	4	<b>116</b>
Closed Edu Program	8	2	9	0	0	2	1	1	3	0	2	8	<b>36</b>
<b>Total Closed Nursing</b>	<b>129</b>	<b>142</b>	<b>153</b>	<b>198</b>	<b>164</b>	<b>239</b>	<b>156</b>	<b>158</b>	<b>157</b>	<b>148</b>	<b>124</b>	<b>140</b>	<b>1,908</b>

<b>Case Count - Nurse Aides</b>													<b>Total</b>
Received	39	42	55	40	36	43	41	71	57	54	39	46	<b>563</b>
Rec'd Edu Program	0	0	0	0	0	0	1	0	0	0	0	0	<b>1</b>
<b>Total Received CNA</b>	<b>39</b>	<b>42</b>	<b>55</b>	<b>40</b>	<b>36</b>	<b>43</b>	<b>42</b>	<b>71</b>	<b>57</b>	<b>54</b>	<b>39</b>	<b>46</b>	<b>564</b>
Closed	24	46	25	53	53	95	58	85	85	34	19	25	<b>602</b>
Closed Edu Program	1	0	0	0	0	0	0	0	1	0	0	1	<b>3</b>
<b>Total Closed CNA</b>	<b>25</b>	<b>46</b>	<b>25</b>	<b>53</b>	<b>53</b>	<b>95</b>	<b>58</b>	<b>85</b>	<b>86</b>	<b>34</b>	<b>19</b>	<b>26</b>	<b>605</b>

<b>All Cases <u>Closed</u></b>	<b>154</b>	<b>188</b>	<b>178</b>	<b>251</b>	<b>217</b>	<b>334</b>	<b>214</b>	<b>243</b>	<b>243</b>	<b>182</b>	<b>143</b>	<b>166</b>	<b>2,513</b>
<b>All Cases <u>Received</u></b>	<b>160</b>	<b>173</b>	<b>227</b>	<b>166</b>	<b>195</b>	<b>197</b>	<b>215</b>	<b>259</b>	<b>268</b>	<b>250</b>	<b>179</b>	<b>203</b>	<b>2,492</b>



## Agency Subordinate Recommendation Tracking Trend Log - 2017 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<b>Total to Date:</b>	1035	931	90%	83	8%	16	48	18	21	2%	3	18	3	19	22	19	0	
<b>CY 2023 to Date:</b>	182	161	88%	14	8%	5	6	4	7	4%	1	6	1	5	4	4	0	
Nov-23	35	33	94%	1	3%	1	0	1	1	3%	1	1	0	0	0	0	0	
Sep-23	35	32	91%	3	9%	1	2	1	0	0%	0	0	0	0	0	0	0	
Jul-23	27	24	89%	2	7%	1	1	0	1	4%	0	0	1	1	0	2	0	
May-23	32	27	85%	3	9%	2	0	2	2	6%	0	2	0	2	0	0	0	
Mar-23	24	21	88%	2	8%	0	0	0	1	4%	0	1	0	2	2	2	0	
Jan-23	29	24	83%	3	10%	0	3	0	2	7%	0	2	0	0	0	0	0	
<b>Annual Totals:</b>																		
Total 2022	150	132	87%	14	9%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	53	48	91%	5	9%	0	2	0	0	0%	0	0	0	3	4	1	0	
Total 2020	77	69	90%	6	8%	5	6	0	2	3%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90%	12	8%	0	10	2	2	1%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86%	24	12%	4	17	7	4	2%	0	4	0	4	10	7	N/A	
Total 2017	230	220	96%	8	3%	0	5	3	2	1%	0	2	0	2	4	6	N/A	

\* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law). ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

\*\* Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (↻ referred to FH).

# Virginia Board of Nursing

## Executive Director Report

January 23, 2024

### 1 Presentations

- **11/17/2023** - Jay Douglas, Executive Director, and Claire Morris, Deputy Executive Director, attended the Virginia Organization for Nurse Leaders (VNOL). Ms. Douglas provided a presentation titled “Opportunities and Challenges in Nursing Regulation”. Approximately 150 Nursing Leaders were in attendance.

### 2 Meetings attended

- **11/27/2023 and 12/4/2023** – Jacquelyn Wilmoth, Deputy Executive Director and Randall Mangrum, Nursing Education Program Manager virtually attended the VDH advisory committee meeting for Earn to Learn. Discussion included timeline for proposal acceptance and awards and as well breakout sessions to review eligibility, metrics, and proposal format.
- **11/29/2023** – Jacquelyn Wilmoth, Deputy Executive Director, attended the VCCS Healthcare Summit where presentations and dialogue occurred regarding expanding healthcare talent across the Commonwealth.
- **12/5 – 6/2023** - Jay Douglas, in her role as President of NCSBN, attended and facilitated the NCSBN Board of Directors meeting in Chicago. Highlights of agenda items include: an update of remote proctoring of the NCLEX, appointment of members to committees, approval of the national environmental assessment to be published in January 2024, legislative progress related to more states joining the RN and APRN Compacts, expansion of NCSBN professional development courses available to board staff at no cost and state updates related to Operation Nightingale (fraudulent out of state education credentials).
- **12/11/2023** – Jay Douglas, Executive Director, attended a meeting of the Virginia Nurses Association Commission on Nursing Practice. She was asked to address licensure and regulatory issues associated with RN’s practicing via telehealth and virtual care. The group shared examples of innovative practices and projects related to virtual care and virtual integrated care.
- **12/11/2023** – Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director, virtually attended the VCCS hosted meeting regarding creating a pathway for Corpsmen/Medics. VCCS provided an update on their progress in working with healthcare programs to provide an easier transition for corpsmen/medics. VCCS will provide progress updates as available to the group. VCCS will first look into the dental assistant, medical sonography and EMS programs.
- **12/11/2023** – Jay Douglas, Executive Director, Jacquelyn Wilmoth, Deputy Executive Director, and Randall Mangrum, Nursing Education Program Manager virtually attended the VDH advisory committee meeting for Earn to Learn where the call for grant proposal document was discussed. A timeline was established for the grant proposal document to be completed.

- **12/11/2023** – Jay Douglas, Executive Director, Jacquelyn Wilmoth, Deputy Executive Director, and Randall Mangrum, Nursing Education Program Manager virtually attended the VDH advisory committee meeting for Earn to Learn where the call for grant proposal document was discussed. A timeline was established for the grant proposal document to be completed.
- **12/11/2023** - Robin Hills, Deputy Executive Director for Advanced Practice, attended the follow-up meeting of the Nursing Preceptor Incentive Program (NPIP) workgroup led by the Olivette Burroughs, Virginia Health Workforce Development Authority. The main agenda item was to discuss the programmatic revisions that the increase in budget from \$500,000 to \$3.5 million requires. Note: the program was started offering awards to APRN preceptors and has been expanded to include RN and LPN preceptors.
- **1/5/2024** - Robin Hills, Deputy Executive Director for Advanced Practice, attended the follow-up meeting of the Nursing Preceptor Incentive Program (NPIP) workgroup led by the Olivette Burroughs, Virginia Health Workforce Development Authority. This meeting was a continuation of the December meeting to determine program eligibility requirements. The definition of "preceptor" was also discussed. A draft of the definition will be emailed to participants for input in the near future.

### **OTHER:**

The contract with Credentia, Nurse Aide Credentialing Services, to manage testing services for Nurse Aide candidates has been renewed. The contract term was effective January 1, 2024, and includes a cost increase for applicants to be phased in over a 5-year period. This is the first cost increase for CNA testing since 2018.

The Governor's office has approved the final regulations creating the licensed certified midwife license (LCM), which will be effective **January 31, 2024**. Preparations with IT and Finance are in process to ensure that DHP/BON will be prepared to issue licenses on the effective date. Robin Hills, Deputy Executive Director, oversees the licensing and discipline for this new profession. LCMs are jointly regulated by the Board of Nursing and Board of Medicine.

Jacquelyn Wilmoth Deputy Executive Director appointed to the NCSBN Model Act and Rules Committee.

Kim Glazier, Nurse Aide Education Inspector and former Executive Director Oklahoma Board of Nursing appointed to the NCSBN Governance and Bylaw Review Committee. Ms Glazier was asked to chair this committee.

### **DISCIPLINE:**

Operation Nightingale – Board of Nursing, Enforcement and Administrative Proceedings Administration (APD) staff continue to work collaboratively to address the significant caseload related to fraudulent education credentials. Licensing and Discipline staff resources are affected by this workload.



# Letter FROM THE President

## POST-BOARD MEETING UPDATE

Dec. 18, 2023

Greetings Colleagues:

The Board of Directors (BOD) convened in Chicago Dec. 5–6 for the first BOD meeting with Phil Dickison at the helm as CEO. Phil provided an update to the BOD of his key activities thus far. Phil is enthusiastic about his role and is seizing the moment to move forward building on NCSBN's solid foundation. I hope you will all review the most recent publication of *In Focus* in which Phil shares a personalized message related to his vision and leadership. This volume also contains rich content and wonderful reflections on NCSBN's celebratory 45th Anniversary Annual Meeting.

At the BOD meeting, several agenda items were related to the NCSBN strategic initiatives and objectives. In October, the BOD, the CEO and the chiefs came together for the annual strategy retreat meeting to review the status of ongoing work related to the NCSBN strategic objectives and associated future work related to the 2023-2025 strategic plan. We discussed NCSBN's domestic work which included federal agency relationship strategies to further advance the current strategic objectives as well as the international engagement strategy and needed future activities. The meeting, facilitated by Stephanie Ferguson, PhD, RN, FAAN, resulted in an assessment of where we are and provided direction to the CEO and chiefs related to the priorities for the coming year. The report of the October meeting was considered at the December meeting after all participants had time for additional reflection. The BOD reviewed the outputs from the strategy meeting and made minor adjustments to the pace and priorities related to the strategic objectives which include Licensure Process Reform, Workforce Modeling, Governance and Bylaw Review and Support Workers.

The BOD thoughtfully considered and acted on a significant volume of member applications to serve on the Governance and Bylaw Review Committee, the Model Act and Rules Committee and the NCLEX® Committee. We were incredibly pleased to see such interest in engaging in this way with NCSBN and we look forward to member contributions for this important work. The hardest part of the decision making is knowing that even though many highly qualified and willing regulators responded to the call, not everyone could be selected. The BOD in its selection process focused on applicants' articulation of their competencies for the specific committee they were applying and took into consideration related bylaws and NCSBN policies. To those of you who were not successful this time, please know that there was a large, highly competitive pool, and we hope that you will consider applying for future opportunities.

One important solicitation still to come is from the Leadership Succession Committee (LSC) as they begin the campaign related to open positions on the BOD and the LSC. I encourage you to consider this leadership opportunity and the associated requirements, competencies and time commitment needed to support the work of NCSBN.

## POST-BOARD MEETING UPDATE, CONTINUED

At the December meeting the BOD also considered comprehensive and rich reports from Federal Affairs, ICRS and the Research department. The draft NCSBN Annual Environmental Assessment, which is to be published in the early part of 2024, was reviewed. It will provide you with a comprehensive resource document that addresses the current landscape of nursing and the associated regulatory implications.

Staff provided a Nursys® update, which demonstrated a significant increase in nurses self-enrolling in e-Notify and an increase in institutions enrollment for this free service. There is still progress to be made however, and we hope that nurse regulatory boards will continue to highlight this program that is useful to nurses and their employers.

Staff also presented the NCSBN Annual Data Security report which provided a comprehensive accounting of activities, training, processes and policies applied in response to and in anticipation of cybersecurity events. As we all know, vigilance in this area is of utmost importance and it takes significant resources to protect data.

Every time the BOD meets, we are so aware of how fortunate we are to have such excellent staff with a wide variety of skill sets who not only ensure NCSBN runs well day to day but who also ensure responsiveness and provide many resources to member boards. The BOD was able to express their gratitude for this work, get to know the leadership staff and welcome Phil to his new role during a holiday dinner while we were in Chicago.

Every year at this time I am amazed at how quickly time flies by. This has been a significant year for NCSBN, a time of change and a time of reflecting on the mission and innovation and hard work of the last 45 years.

During the holiday season, I wish you all the best and hope this year's season fills you up with the things that mean most to you and energizes you for a happy and healthy new year.

With gratitude,

**Jay Douglas, MSM, RN, CSAC, FRE**

President

804.516.9028

[jay.douglas@dhp.virginia.gov](mailto:jay.douglas@dhp.virginia.gov)

**VIRGINIA BOARD OF NURSING  
REGULATORY REVIEW COMMITTEE MEETING  
Tuesday, November 14, 2023  
Minutes**

<b>Time and Place</b>	The Board of Nursing Regulatory Review Committee meeting was convened at 3:38 P.M. on November 14, 2023 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
<b>Committee Members Present</b>	<p>Cynthia Swineford, RN, MSN, CNE, Chair  Yvette Dorsey, DNP, RN, Board Member  Shantell Kinchen, LPN, Board Member  Robert Scott, RN, Board Member  Shanna W. Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, Virginia Nurses Association (VNA)  Christine Turner, PhD, RN, Virginia League for Nursing (VLN)  Donna Wilmoth, MSN, RN, NE-BC, FACHE, Virginia Organization for Nurse Leaders (VONL)  Cynthia Rubenstein, PhD, Virginia Association of Colleges of Nursing (VACN)  Art Wells, State Council of Higher Education for Virginia (SCHEV)  J. Anthony Williams, Ed.D., Virginia Department of Education (VDOE)</p>
<b>Staff Members Present</b>	<p>Jay Douglas, RN, MSM, CSAC, FRE, Executive Director  Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director  Randall Mangrum, DNP, RN, Nursing Education Program Manager  Erin Barrett, Director of Legislative and Regulatory Affairs, DHP  Matt Novak, Policy and Economic Analyst, DHP</p>
<b>Public Comment</b>	<p>Reba Moyer Childress, Virginia State Simulation Alliance (VASSA) President commented the following:</p> <ul style="list-style-type: none"> <li>• Consider defining healthcare simulation; rethink “high fidelity” simulation.</li> <li>• Consider using “clinical judgement” rather than critical thinking in the high-fidelity simulation definition</li> <li>• Consider requiring 1-2 credits of continuing education annually related to simulation.</li> <li>• The simulation facilitator should be present for all parts of simulation.</li> <li>• Suggest increase 18VAC90-27-100 (D)(2) to 40% as research study shows up to 50% has been effective and when “used properly and following INACSL guidelines” is an effective direct client care experience.</li> <li>• Suggest eliminating 18VAC90-27-100 (D)(3) as programs have difficulty obtaining clinical experiences in pediatrics and women’s health.</li> <li>• Agree with proposed changed in 18VAC90-27-100 (D)(5)</li> </ul> <p>Holly Pugh, VASSA, VP Finance commented the following:</p> <ul style="list-style-type: none"> <li>• Suggest eliminating 18VAC90-27-100 (D)(3) as programs have difficulty obtaining clinical experiences in pediatrics and women’s health. Further stated that “used properly and following INACSL guidelines” is an effective direct client care experience.</li> </ul>

Nancy Leahy, VASSA Member commented the following:

- Suggest eliminating 18VAC90-27-100 (D)(3) as programs have difficulty obtaining clinical experiences in pediatrics and women's health. Further she stated that the program in which she works does not have a contract to complete pediatric clinical and they have limited women's health experiences; which is impacting student progression. In addition, she shared that the program in which she teaches is unable to alter the clinical hours in courses/program.

### **Review of Regulatory Process**

Mr. Novak reviewed the regulatory process with the Committee.

### **Review of proposed changes to Chapter 27 – Regulations Governing the Nursing Education Programs**

The committee reviewed 18VAC90-27-10 through 18VAC90-27-60 (A)(5) to include suggestions from staff review.

### **Next Steps**

The committee determined an additional meeting would be necessary to complete the review of Chapter 27. Ms. Barrett confirmed a meeting in January 2023 would be acceptable to continue the process. The committee was asked to save January 23, 2023 @ 3 pm for the next committee meeting. Ms. Barrett suggested that staff prepare a document of discussion topics to provide to the committee ahead of the meeting to further facilitate the review of Chapter 27.

### **Meeting Adjourn**

5:00 p.m.

# Virginia Department of Health Professions

## Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q1 2020 - Q1 2024

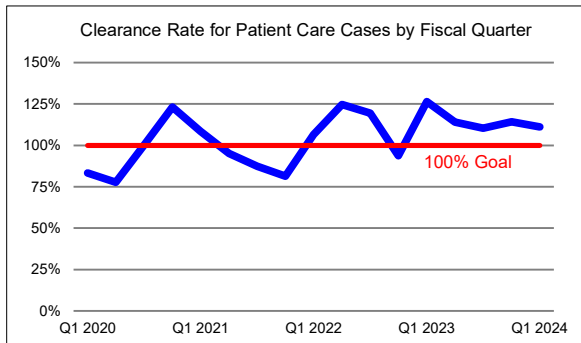
Arne W. Owens  
Director

*"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

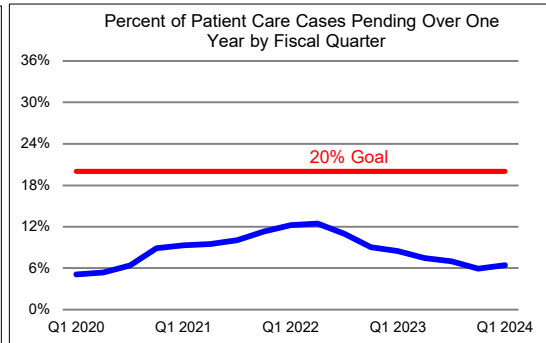
**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 111%, with 1,274 patient care cases received and 1,415 closed.



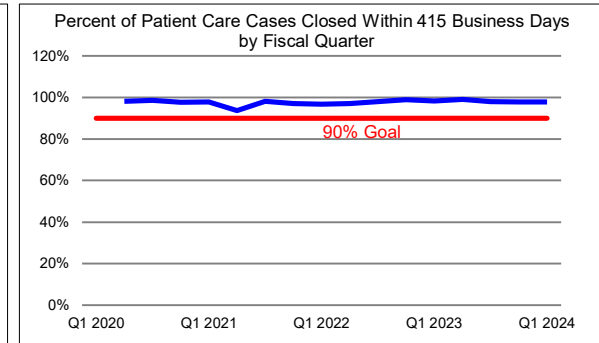
**Age of Pending Caseload** - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 6% patient care cases pending over 415 business days with 3,371 patient care cases pending and 217 pending over 415 business days.



**Time to Disposition** - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days with 1,367 cases closed and 1,336 closed within 415 business days.

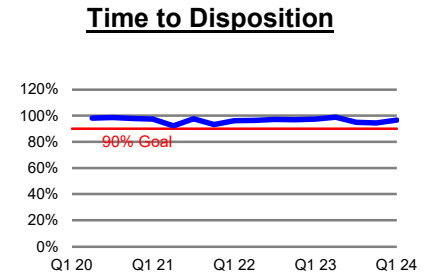
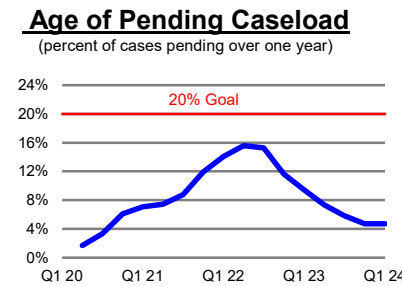
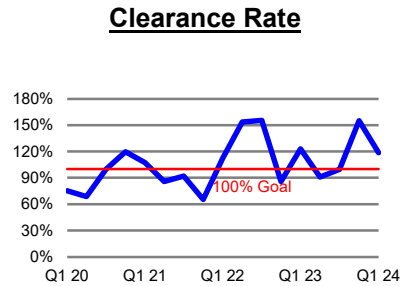


In FY 2023, we shifted from 250 business days to 415 business days to provide a more realistic period for a year's worth of days to process cases.

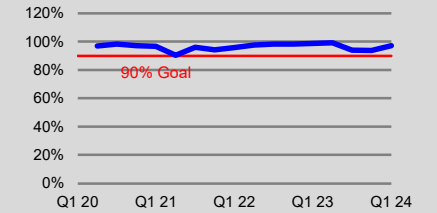
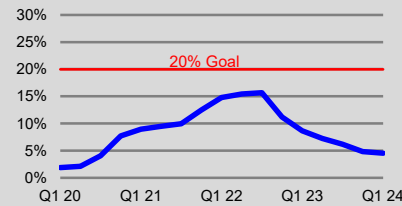
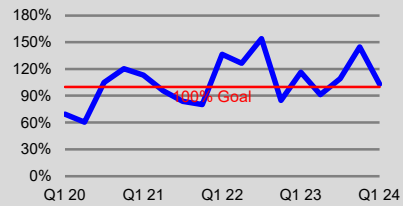


**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

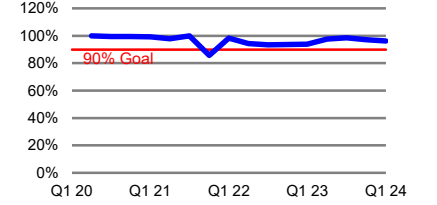
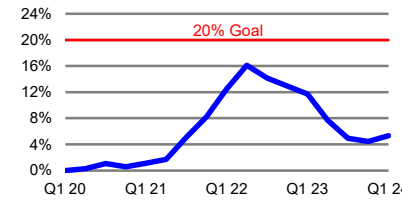
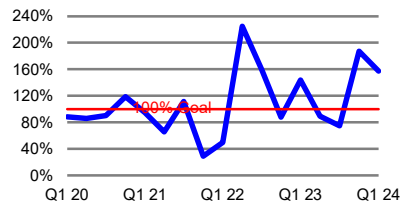
**Nursing**  
**Clearance Rate: 118%**  
 477 Cases Received  
 565 Cases Closed  
**Pending Caseload Over 415 Days: 5%**  
 61 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 97%**  
 525 Cases Closed within 415 Days



**Nurses**  
**Clearance Rate: 103%**  
 341 Cases Received  
 351 Cases Closed  
**Pending Caseload Over 415 Days: 5%**  
 45 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 97%**  
 324 Cases Closed within 415 Days



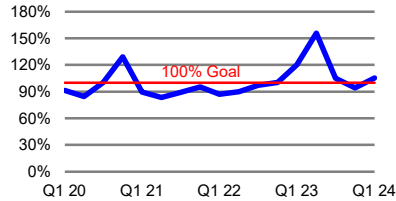
**CNA**  
**Clearance Rate: 157%**  
 136 Cases Received  
 214 Cases Closed  
**Pending Caseload Over 415 Days: 5%**  
 16 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 96%**  
 201 Cases Closed within 415 Days



**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

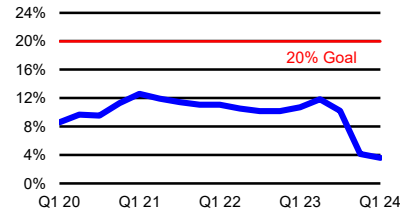
**Medicine**  
**Clearance Rate: 105%**  
 400 Cases Received  
 421 Cases Closed  
**Pending Caseload Over 415 Days: 4%**  
 30 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 100%**  
 412 Cases Closed within 415 Days

**Clearance Rate**

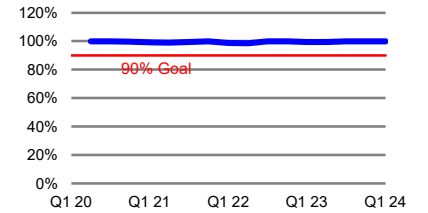


**Age of Pending Caseload**

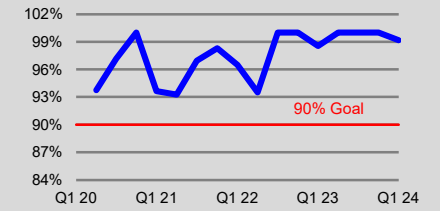
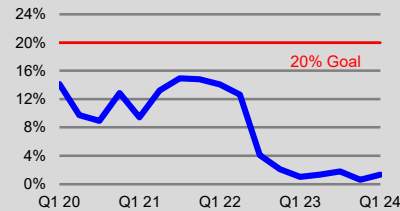
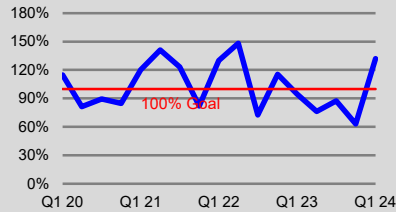
(percent of cases pending over one year)



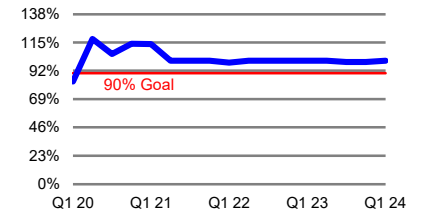
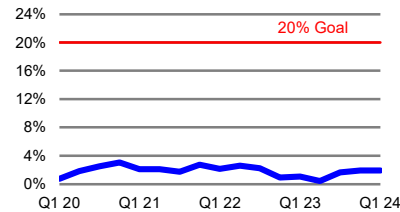
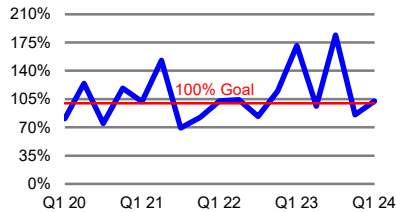
**Time to Disposition**



**Dentistry**  
**Clearance Rate: 132%**  
 91 Cases Received  
 120 Cases Closed  
**Pending Caseload Over 415 Days: 1%**  
 4 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 99%**  
 118 Cases Closed within 415 Days



**Pharmacy**  
**Clearance Rate: 103%**  
 114 Cases Received  
 117 Cases Closed  
**Pending Caseload Over 415 Days: 2%**  
 4 Cases Pending over 415 Days  
**Time to Disposition Within 415 Days: 100%**  
 116 Cases Closed within 415 Days

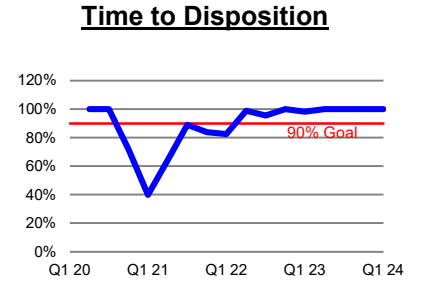
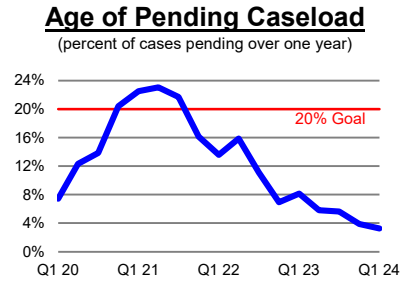
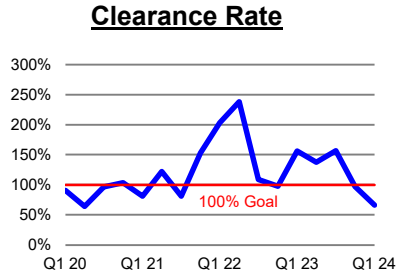


**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

**Veterinary Medicine**  
**Clearance Rate: 66%**  
 56 Cases Received  
 37 Cases Closed

**Pending Caseload Over 415 Days: 3%**  
 4 Cases Pending' over 415 Days

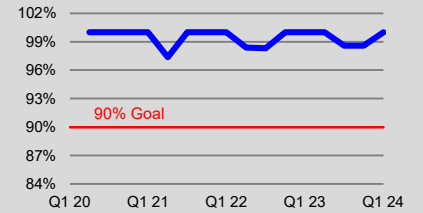
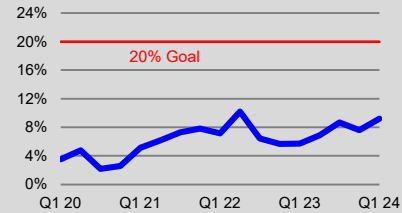
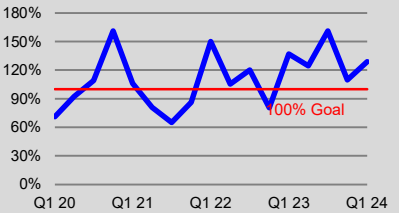
**Time to Disposition Within 415 Days: 100%**  
 37 Cases Closed within 415 Days



**Counseling**  
**Clearance Rate: 129%**  
 59 Cases Received  
 76 Cases Closed

**Pending Caseload Over 415 Days: 9%**  
 15 Cases Pending over 415 Days

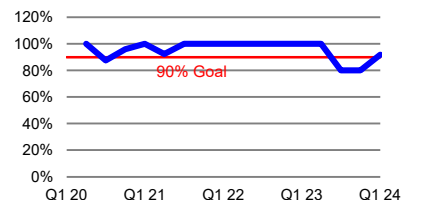
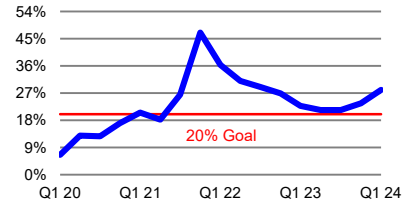
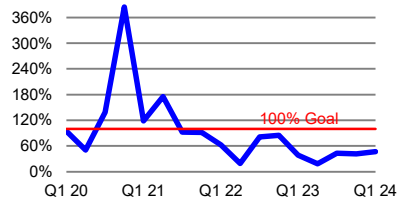
**Time to Disposition Within 415 Days: 100%**  
 74 Cases Closed within 415 Days



**Social Work**  
**Clearance Rate: 46%**  
 26 Cases Received  
 12 Cases Closed

**Pending Caseload Over 415 Days: 28%**  
 41 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 92%**  
 11 Cases Closed within 415 Days



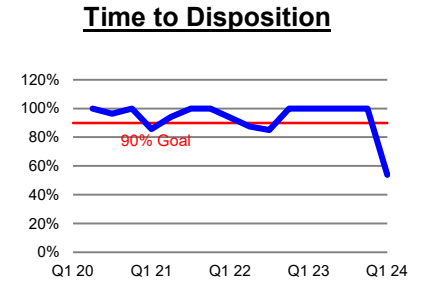
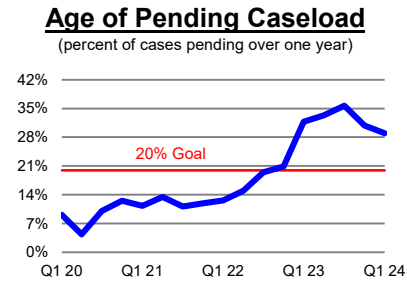
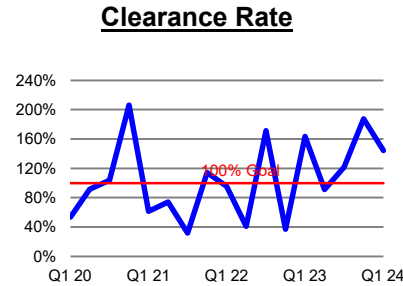
# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Psychology**

**Clearance Rate: 144%**  
 18 Cases Received  
 26 Cases Closed

**Pending Caseload Over 415 Days: 29%**  
 38 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 54%**  
 7 Cases Closed within 415 Days

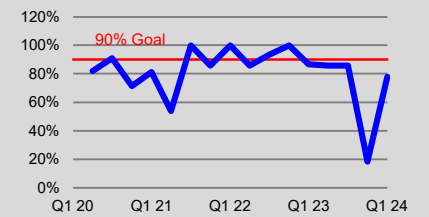
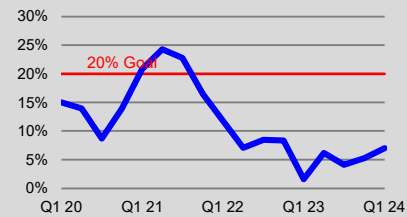
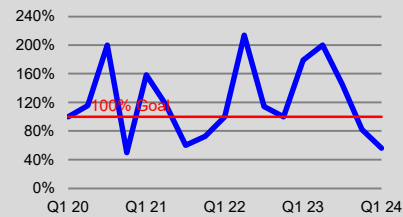


**Long Term Care**

**Clearance Rate: 56%**  
 16 Cases Received  
 9 Cases Closed

**Pending Caseload Over 415 Days: 7%**  
 6 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 78%**  
 7 Cases Closed within 415 Days

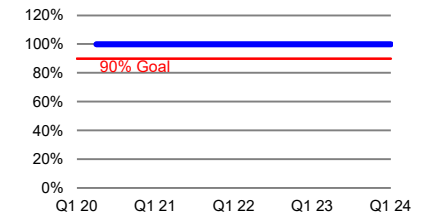
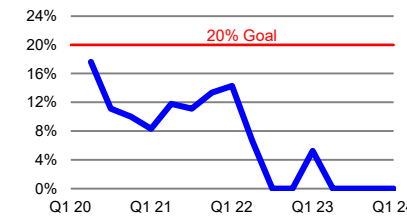
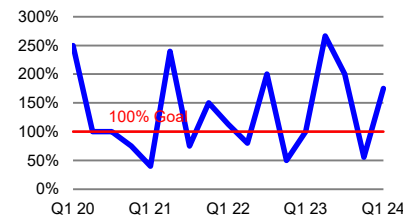


**Optometry**

**Clearance Rate: 175%**  
 4 Cases Received  
 7 Cases Closed

**Pending Caseload Over 415 Days: 0%**  
 0 Cases Pending over 415 Days

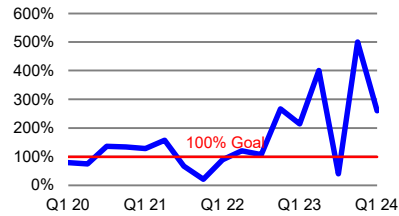
**Time to Disposition Within 415 Days: 100%**  
 7 Cases Closed within 415 Days



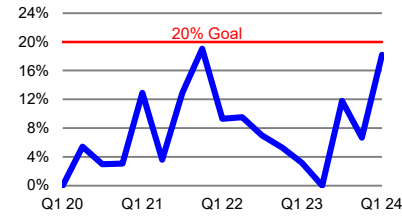
**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

**Physical Therapy**  
**Clearance Rate: 260%**  
 5 Cases Received  
 13 Cases Closed  
**Pending Caseload Over 415 Days: 18%**  
 4 Case Pending over 415 Days  
**Time to Disposition Within 415 Days: 83%**  
 10 Cases Closed within 415 Days

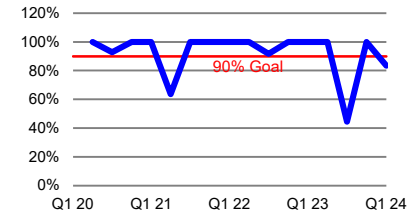
**Clearance Rate**



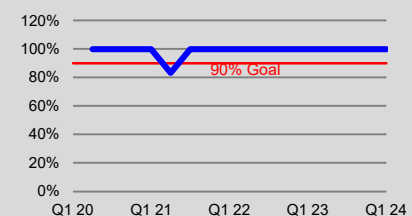
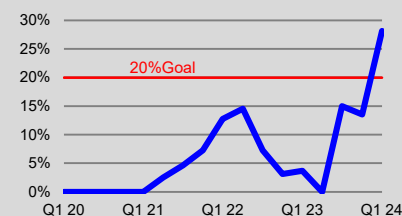
**Age of Pending Caseload**  
 (percent of cases pending over one year)



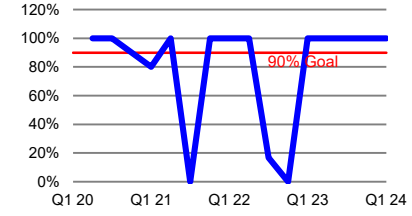
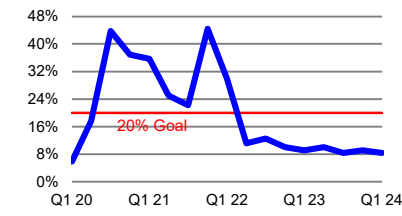
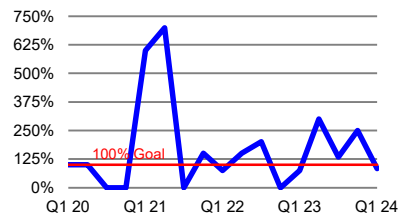
**Time to Disposition**



**Funeral**  
**Clearance Rate: 350%**  
 2 Cases Received  
 7 Cases Closed  
**Pending Caseload Over 415 Days: 28%**  
 9 Case Pending over 415 Days  
**Time to Disposition Within 415 Days: 100%**  
 7 Cases Closed within 415 Days



**Audiology**  
**Clearance Rate: 83%**  
 6 Case Received  
 5 Cases Closed  
**Pending Caseload Over 415 Days: 8%**  
 1 Case Pending over 415 Days  
**Time to Disposition Within 415 Days: 100%**  
 5 Cases Closed within 415 Days



**Board of Nursing**  
**Current Regulatory Actions**  
**As of January 7, 2024**

**Regulations at the Governor's office**

None.

**Regulations at the Secretary's office**

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	9/15/2022	Secretary 387 days	Implements changes to existing regulations regarding CNS practice agreements.
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 278 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review of regulations
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 278 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations

**At DPB/OAG**

None.

**Recently effective or awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC90-70	Final	Licensed certified midwives	1/1/2024	1/31/2024

**HB 323 Interstate Massage Compact; authorizes Virginia to become a signatory to Compact.**

*Chief patron:* Glass (D)

*Summary as introduced:*

**Interstate Massage Compact.** Authorizes Virginia to become a signatory to the Interstate Massage Compact. The Compact allows massage therapists who (i) possess an active, unencumbered license in the compact member state in which they reside; (ii) have completed at least 625 hours of massage therapy education; (iii) have passed the national licensing examination; and (iv) have no disqualifying criminal history to be granted a multistate license that authorizes them to practice in all compact member states. The Compact takes effect when it is enacted by a seventh member state.

01/05/24 House: Prefiled and ordered printed; offered 01/10/24

01/05/24 House: Referred to Committee on Health and Human Services

01/17/24 House: Assigned sub: Health Professions

**HB 349 Medication aides; who administer drugs in certified nursing facilities.**

*Chief patron:* Henson (D)

*Summary as introduced:*

**Medication aides; certified nursing facilities; work group; report.** Requires medication aides who administer drugs that would otherwise be self-administered to residents in a certified nursing facility licensed by the Department of Health to register with the Board of Nursing. Under the bill, a medication aide who is registered to administer drugs to residents in a certified nursing facility shall also be eligible to administer drugs that would otherwise be self-administered to residents in an assisted living facility. The foregoing provisions of the bill have a delayed effective date of July 1, 2025. The bill also requires the Board of Nursing to convene a work group to develop recommendations to enable such medication aides to administer drugs to residents in a certified nursing facility and to report such recommendations to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2024. Finally, the bill requires the Department of Health to promulgate regulations to authorize such medication aides to administer prescription drugs to

residents in certified nursing facilities. The bill directs the Board of Nursing to adopt regulations to implement the provisions of the bill to be effective as of July 1, 2025.

01/05/24 House: Referred to Committee on Health and Human Services

01/17/24 House: Assigned sub: Health Professions

01/18/24 House: House subcommittee amendments and substitutes offered

01/18/24 House: Subcommittee recommends reporting with amendments (8-Y 0-N)

01/23/24 House: On committee docket

### **HB 971 Nurse practitioners; patient care team provider, autonomous practice.**

*Chief patron:* Tran (D)

*Summary as introduced:*

**Nurse practitioners; patient care team provider; autonomous practice.** Allows certain nurse practitioners to oversee patient care teams by changing "patient care team physician" to "patient care team provider." The bill defines "patient care team provider" as a patient care team physician, as defined in relevant law, or a nurse practitioner who meets certain requirements. The bill also lowers from five years to two years the amount of full-time clinical experience required before an advanced practice registered nurse may practice without a practice agreement.

01/09/24 House: Prefiled and ordered printed; offered 01/10/24

01/09/24 House: Referred to Committee on Health and Human Services

01/19/24 House: Assigned sub: Health Professions

### **HB 978 Advanced practice registered nurses and licensed certified midwives; joint licensing.**

*Chief patron:* Willett (D)

*Summary as introduced:*

**Board of Medicine; Board of Nursing; joint licensing of advanced practice registered nurses and licensed certified midwives.** Moves the professions of advanced practice registered nurses and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only.



01/09/24 House: Prefiled and ordered printed; offered 01/10/24 24104892D

01/09/24 House: Referred to Committee on Health and Human Services

01/19/24 House: Assigned sub: Health Professions

**HB 1130 Renewal of licensure; Boards of Medicine & Nursing to require Bd. of Nursing, etc., cont. ed. reqd.**

*Chief patron:* Hayes (D)

House companion of SB35

*Summary as introduced:*

**Board of Medicine; Board of Nursing; continuing education; continuing competency; unconscious bias and cultural competency.** Directs the Board of Medicine and the Board of Nursing to require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine and Board of Nursing to report on the training to the Department of Health and the Neonatal Perinatal Collaborative.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24 24104486D

01/10/24 House: Referred to Committee on Health and Human Services

01/19/24 House: Assigned sub: Health Professions

**HB 1290 Board of Nursing; nursing faculty educational requirements.**

*Chief patron:* Willett (D)

*Summary as introduced:*

**Board of Nursing; nursing faculty educational requirements.** Directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24 24104933D

01/10/24 House: Referred to Committee on Health and Human Services

**HB 1322 Certified registered nurse anesthetist; elimination of supervision requirement.**

*Chief patron:* Sickles

*Summary as introduced:*

**Certified registered nurse anesthetist; elimination of supervision requirement.** Eliminates the requirement that certified registered nurse anesthetists practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. The bill provides that certified registered nurse anesthetists shall practice in accordance with regulations jointly promulgated by the Board of Medicine and the Board of Nursing.

01/11/24 House: Presented and ordered printed 24101372D

01/11/24 House: Referred to Committee on Health and Human Services

01/17/24 House: Impact statement from DPB (HB1322)

**SB 33 Certified registered nurse anesthetists; supervision during an operation or procedure.**

*Chief patron:* Locke

*Summary as introduced:*

**Supervision of certified registered nurse anesthetists; work group; report.** Clarifies that supervision of a certified registered nurse anesthetist requires that a licensed doctor of medicine, osteopathy, podiatry, or dentistry is present during an operation or procedure or is immediately available to respond and provide patient care as needed. The bill directs the Secretary of Health and Human Resources, in collaboration with the Board of Medicine, Board of Nursing, and Department of Health Professions, to convene a **work group** of relevant stakeholders to evaluate and make recommendations to increase the anesthesia provider workforce in the Commonwealth. The bill requires the work group to report its recommendations to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2024.

12/16/23 Senate: Prefiled and ordered printed; offered 01/10/24 24101199D

12/16/23 Senate: Referred to Committee on Education and Health

01/16/24 Senate: Assigned Education and Health Sub: Health Professions

01/19/24 Senate: Senate subcommittee amendments and substitutes offered

**SB 155 Virginia Health Workforce Development Authority.**

*Chief patron:* Head - R

*Summary as introduced:*

**Virginia Health Workforce Development Authority.** Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority, directing changes to regulations regarding qualifications for nursing faculty and qualified mental health professionals, establishing a work group to address health workforce shortages, and creating a program for health workforce development. The bill directs the Board of Nursing and the Board of Counseling to adopt emergency regulations to implement relevant provisions of the bill and for the work group to submit its report to the Governor and the relevant committees of the General Assembly by October 1, 2025.

01/11/24 Senate: Assigned Education sub: Health Professions

01/18/24 Senate: Senate committee, floor amendments and substitutes offered

01/18/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)

01/18/24 Senate: Committee substitute printed

01/18/24 Senate: Rereferred to Finance and Appropriations

**SB 553 Board of Nursing; certain students in nursing education programs; out-of-state clinical sites.**

*Chief patron:* Hackworth - R

*Summary as introduced:*

**Board of Nursing; certain students in nursing education programs; out-of-state clinical sites.** Directs the Board of Nursing to amend its regulations to permit students in nursing education programs in the Commonwealth who live within 60 miles of a bordering state or the

District of Columbia to complete an unlimited number of required clinical hours at out-of-state clinical sites. The bill requires the regulations to specify that the Board must accept such hours for licensure.

01/10/24 Senate: Prefiled and ordered printed; offered 01/10/24

01/10/24 Senate: Referred to Committee on Education and Health

**HB 8 Medical Ethics Defense Act; established.**

*Chief patron:* Ware - R

*Summary as introduced:*

**Medical Ethics Defense Act established.** Establishes the right of a medical practitioner, health care institution, or health care payer not to participate in or pay for any medical procedure or service that violates such medical practitioner's, health care institution's, or health care payer's conscience, as those terms and conditions are defined in the bill. The bill provides protections for medical practitioners who disclose violations of the bill or report violations of laws or ethical guidelines for the safe provision of any medical procedure or service. The bill also provides a private right of action for any party harmed by violations of the bill.

12/01/23 House: Prefiled and ordered printed; offered 01/10/24

12/01/23 House: Referred to Committee on Health and Human Services

01/17/24 House: Assigned sub: Health Professions

01/18/24 House: Subcommittee recommends striking from docket (8-Y 0-N)

**HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.**

*Chief patron:* Sullivan (D)

*Summary as introduced:*

**Department of Professional and Occupational Regulation; Department of Health Professions; certain suspensions not considered disciplinary action.** Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's

having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

01/01/24 House: Prefiled and ordered printed; offered 01/10/24

01/01/24 House: Referred to Committee on General Laws

01/15/24 House: Assigned GL sub: Professions/Occupations and Administrative Process

01/18/24 House: Subcommittee recommends reporting (8-Y 0-N)

**HB 1184 Abortion; based on the sex or ethnicity of unborn child prohibited, penalties.**

*Chief patron:* Scott, P.A. - R

*Summary as introduced:*

**Provision of abortion; abortion based on the sex or ethnicity of unborn child prohibited; penalties.** Provides that, except in a medical emergency, a physician or an advanced practice registered nurse shall not perform, induce, or attempt to perform or induce an abortion unless such physician or advanced practice registered nurse who is to perform or induce the abortion has first confirmed that the abortion is not being sought on the basis of the sex or ethnicity of the unborn child and has documented these facts in the maternal patient's chart, as well as in a report to be filed with the State Health Commissioner within 15 days of the abortion. The bill further provides that any physician or advanced practice registered nurse performing such a prohibited abortion has committed an act of unprofessional conduct, that his license to practice medicine or as an advanced practice registered nurse in the Commonwealth shall be suspended or revoked pursuant to the rules of unprofessional conduct, and that he is subject to a penalty of perjury for attesting to false information on the required report and a civil penalty.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24

01/10/24 House: Referred to Committee for Courts of Justice

**HB 1185 Prescription Monitoring Program; overdose information.**

*Chief patron:* Willett (D)

*Summary as introduced:*

**Board of Health; Department of Health Professions; Prescription Monitoring Program; overdose information.** Directs the Board of Health to report patient level data information on patients who overdose on opioids to the Department of Health Professions for use in the

Prescription Monitoring Program. The bill requires practitioners to obtain such data when prescribing opioids.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24

01/10/24 House: Referred to Committee on Health and Human Services

01/19/24 House: Assigned sub: Health Professions

### **HB 1293 Behavioral health; nursing; work group; report.**

*Chief patron:* Willett (D)

*Summary as introduced:*

**Behavioral health; nursing; work group; report.** Directs the Virginia Health Workforce Development Authority to convene a work group to identify and propose revisions to current regulations and policies that hinder the development, retention, and productivity of the health care workforce in behavioral health and nursing.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24

01/10/24 House: Referred to Committee on Rules

### **HB 1499 Virginia Health Workforce Development Authority.**

*Chief patron:* Willett (D)

*Summary as introduced:*

**Virginia Health Workforce Development Authority.** Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority's Board of Directors, adding managing primary care graduate medical education programs and managing the Health Workforce Innovation Fund to the duties of the Authority, specifying additional recipients of the Board's biennial report, and authorizing the Authority to partner with other agencies and institutions to obtain and manage health workforce data.

The bill establishes the Virginia Health Workforce Innovation Fund to be administered by the Board of the Virginia Health Workforce Development Authority. The Board shall use the Fund to provide grants to facilitate regional collaboration on health care innovation and workforce development and, in particular, the formation of regional, employer-led partnerships that prioritize workforce growth and training. The bill provides for the formation across the Commonwealth of regional councils, defined in the bill, consisting of representatives from the government, health care, and education sectors. Under the bill, regional councils may submit

applications for collaborative projects in their regions that enhance private-sector growth, competitiveness, and workforce development. A portion of the grant funds will be awarded on a population basis and a portion on a competitive basis.

The bill creates a work group to study the pharmacy technician profession, creates a work group to address health workforce shortages, establishes a program for health workforce development, directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs, and establishes a licensing procedure by the Board of Psychology for a psychological practitioner, as defined by the bill.

The bill directs the Board of Nursing to adopt emergency regulations to implement relevant provisions of the bill, directs the work group to study the pharmacy technician profession to submit its report to the Governor and the relevant committees of the General Assembly by November 1, 2024, and directs the work group to address health workforce shortages to submit its report to the Governor and the relevant committees of the General Assembly by October 1, 2025. The bill removes references to qualified mental health professionals with a delayed effective date of July 1, 2026.

01/19/24 House: Presented and ordered printed 24105332D

01/19/24 House: Committee Referral Pending

## **SB 682 Health professions; universal licensure; requirements.**

*Chief patron:* Suetterlein

*Summary as introduced:*

**Health professions; universal licensure; requirements.** Requires health regulatory boards within the Department of Health Professions to recognize licenses or certifications issued by other United States jurisdictions, as defined in the bill, as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill also requires such health regulatory boards to recognize work experience as fulfillment for licensure or certification in the

Commonwealth if certain conditions are met. The bill does not apply to licensure for physicians or dentists.

01/18/24 Senate: Presented and ordered printed

01/18/24 Senate: Referred to Committee on Education and Health



**Agenda Item: Consideration of Petition for Rulemaking to Amend Faculty Requirements****Included in your agenda package:**

- Petition for Rulemaking filed by Leah Jaquez to amend 18VAC90-27-60(A)(4) to allow nurses with 20 years or more of experience to serve as faculty for nursing education programs;
- Comments provided during the public comment period for this petition
- 18VAC90-27-60

**Staff Notes:**

- One public commenter supported the petition; Three commenters opposed the petition; Two commenters either expressed no position or were unclear in their position
- This chapter is currently being reviewed by the regulatory committee, which is already considering a change to this provision

**Action needed:**

- Motion to take no action on the petition for rulemaking and send the issue to the regulatory committee as they are currently in the process of reviewing this chapter



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**Agency** Department of Health Professions

**Board** Board of Nursing

**Chapter** Regulations Governing Nursing Education Programs [[18 VAC 90 - 27](#)]

6 comments

All good comments for this forum [Show Only Flagged](#)

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**Commenter:** Holly Reynolds

11/21/23 9:35 am

**Leah Jaquez - petition for amendment r/t nursing faculty**

I **completely disagree** with the petitioners request to the Board to amend 18VAC90-27-60(A)(4) and allow nurses with 20 years or more of experience to serve as faculty for nursing education programs.

Experience alone does not qualify a nurse to effectively educate nursing students and prepare them for success in passing NCLEX and entering the nursing profession as a novice nurse. I believe that experience and the additional education (Master's degree in nursing education specifically and/or a DNP in nursing education) in combination with clinical (bedside) nursing experience are needed for a nurse to be an effective nurse educator. There are so many dynamics to teaching in the didactic classroom setting - understanding adult learning theory, evaluation and assessment strategies, curriculum mapping, test writing, blueprinting and item analysis, providing testing accommodations, understanding NGN/NCSEB questioning, being familiar with higher education organizational dynamics, accreditation requirements, etc. Bedside/clinical experience does not teach or prepare a nurse for the academic environment. I strongly vote against this proposed amendment. This is a big NO for me. Thank you for the opportunity to share my opinion.

CommentID: **220677**

**Commenter:** Jamie Robinson, James Madison University

11/27/23 11:49 am

**More parameters are needed**

I appreciate the opportunity to provide comments on this Petition for Rulemaking for Statutory Authority: § 54.1-2400 affecting 18 VAC 90 - 27. Without having context provided, I can only assume that the logic behind the petition is to provide an alternative route into nursing education to alleviate the nursing faculty shortage. It is evident that the nursing faculty shortage is concerning, but I cannot endorse this approach.

Nursing faculty need to have expertise in nursing practice. Years of experience could be an indicator practice but it does not necessarily indicate immersion in or expertise in a particular area. Nursing faculty need to have training or formal education in the principles of teaching in order to be effective educators as well. Teaching is a specialty within itself and it would be presumptuous to assume that without training any nurse inherently has the skills and competence of a teacher.

We do need to consider new ways to approach nursing education. But, to protect the public, which is the role of the Board of Nursing, more parameters than "20 years of experience" are needed. I would suggest the following amendment to the petition: *allow BSN-prepared nurses who have 5 years of experience in a single area of focus and have documented training in nursing education principles to be eligible to work as clinical faculty with the stipulation that they are supervised by an experienced master's prepared faculty member.*

Once again, thank you for the opportunity to provide comments. I look forward to hearing the decision of the Board.

CommentID: 220715

**Commenter:** Shelly Smith, University of Virginia, School of Nursing

11/27/23 12:51 pm

### **Experience as qualifier**

The University of Virginia appreciates the Board of Nursing's responsiveness to the nursing workforce crisis and its correlation to the nurse faculty shortage. While twenty years of practice brings with it a wealth of knowledge, we believe the constraint limits other highly qualified nurses to serve in this capacity. The American Association of the Colleges of Nursing's recent call for comment on revisions to the Essentials includes language in Key Element II-F, "*Faculty teaching clinical in the baccalaureate program have a graduate degree or a baccalaureate degree. Those faculty who do not have a graduate degree have significant clinical experience and are enrolled in a graduate program or are otherwise qualified for the area(s) in which they teach. Evidence of such "other" qualification includes significant clinical experience and expertise (e.g., graduate-level courses or continuing education units, national certification) relevant to the clinical area(s) and meaningful engagement with and formal oversight by a graduate-prepared faculty member.*" It is our hope that Virginia's Board of Nursing can follow AACN's lead in providing schools the flexibility to vet the expertise of their own faculty. At a minimum, our hope is that the suggested twenty years could be reduced by at least half. Thank you for the opportunity to provide public comment.

CommentID: 220716

**Commenter:** Leah Jaquez

11/30/23 6:23 pm

### **Adjunct Clinical Nurse positions for Retired nurses**

As seasoned nurses embark on well-deserved retirements, they carry with them a wealth of invaluable knowledge cultivated over 20 or more years of dedicated practice. Their mastery in the field is a testament to their commitment and experience. In the wake of this significant wave of retirements, there is a unique opportunity for these skilled professionals to transition into clinical teaching roles. With their extensive clinical background, they are perfectly primed to impart practical wisdom to the next generation of healthcare providers. Their wealth of experiences not only enhances the educational landscape but also ensures that the legacy of their expertise continues to positively influence the nursing profession. I chose 20 years as an arbitrary number. I have had the greatest clinical education from seasoned nurses with diplomas.

CommentID: 220720

**Commenter:** Karen Weeks

11/30/23 6:30 pm

### **Amend 18VAC90-27-60(A)(4) regarding faculty requirements**

First, I would like to thank the ability to have public comments to the petition for the Board amend 18VAC90-27-60(A)(4) to allow nurses with 20 years or more of experience to serve as faculty for nursing education programs. While I certainly appreciate the expertise in years served in the nursing profession and the value to the profession; however, I can not endorse years of experience as requirements to serve as nursing faculty. The nursing shortage is felt by all, including nursing faculty. A myth that needs to be acknowledge is that the transition from practice to academia is an easy transition without any additional education. Quality nursing faculty are advanced nurses with the professional development and expertise in assessing, measuring, and ensuring student outcomes and competence. I would like to see more parameters beyond the years of experience. I would like to see the development of future faculty under experienced faculty to mentoring within the clinical areas. These future faculty should have more than 7 years experience, BSN prepared, preferred national certification endorsement, and professional development/training related to nursing education competencies.

Thank you again for the opportunity to contribute to this discussion.

CommentID: 220721

**Commenter:** Marcella Williams (Bon Secours Memorial College of Nursing)

12/6/23 1:46 pm

### **Support for expanding parameters and recognition of clinical experience/expertise**

Thank you for the opportunity to comment on the proposal to alter the Regulations Governing Nursing Education Programs [18 VAC 90-27]. The valuable conversation surrounding this issue sheds light on the current nursing and nursing faculty shortages. In essence, we can't hope to make progress in developing new nurses without sufficient numbers of qualified nursing faculty. I support the concept of broadening the requirements to align with the American Association of College of Nursing Essentials as mentioned by Shelly Smith, allowing individual schools to "vet the expertise of their own faculty" and help meet the clinical teaching needs of nursing programs. As nursing education moves to embrace a competency-based model designed to improve workforce readiness, it must be acknowledged that competencies are most evident in bedside care delivery.

We must also acknowledge the trends of new nurses fleeing the bedside, often reporting they are unprepared to face the demands of clinical practice in a chronically understaffed environment. Students need instructors with clinical expertise to guide them through the challenges of advocacy, critical thinking, and in-the-moment care decisions. We need to collaborate with our clinical partners to help retain the new nurses entering practice by ensuring we are truly preparing them for that transition.

As an experienced nurse educator, I fully acknowledge the importance of adult learning theory, test construction, NGN-NCLEX preparation and skills developed within a masters or doctoral program. However, those areas of expertise are largely required in didactic education. Additionally, many in academia begin to focus on research, evidence-based practice, and other academic pursuits that limit time at the bedside. We need both expert educators and expert clinicians to support nursing education.

Suggestions by Karen Weeks and Jamie Robinson, seem eminently logical. Specifically address the qualifications for clinical faculty teaching at the bedside to include at least 5 years of experience within a specific specialty with preference for those with specialty certification, combined with documented training in nursing education principles and close supervision by master's prepared faculty. I firmly believe there is a solid middle ground in this discussion. One that recognizes the critical nature of clinical experience to support clinical education, partnered with experts in nursing education. Together, we can focus on supporting student ability to learn the science and art that undergirds professional practice, patient safety, licensure and successful transition to practice.

CommentID: 220730

**18VAC90-27-60. Faculty.**

A. Qualifications for all faculty.

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.



## COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

*Department of Health Professions*

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

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Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
[www.dhp.virginia.gov/Boards/Nursing](http://www.dhp.virginia.gov/Boards/Nursing)

### MEMO

To: Board Members

From: Jay Douglas, RN, MSM, CSAC; Executive Director

Re: Possible Fee Increase

Date: January 17, 2024

In addition to the letter from Mr. Owens, DHP Director, Ms. Barret and I will forward additional information for your consideration at the meeting.



F4

# COMMONWEALTH of VIRGINIA

Department of Health Professions

Perimeter Center

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Arne W. Owens  
Director

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## MEMORANDUM

TO: Member, Board of Nursing

FROM: Arne W. Owens 

DATE: January 16, 2024

RE: Revenue and Expenditure Analysis

We wanted to inform you that the Board of Nursing ended the most recent fiscal year (July 1, 2022, to June 30, 2023) with a cash balance of \$6,190,736. Current projections indicate that expenditures over the next fiscal year (July 1, 2023, through June 30, 2024) will exceed revenue by approximately \$3,722,098. When combined with the Board's \$6,190,736 adjusted cash balance, the Board of Nursing is projected to have a cash balance on June 30, 2024, of only \$2,468,638. The Board is projected to have a negative cash balance of \$(2,189,284) by June 30, 2025.

Therefore, we recommend that the Board raise fees at its earliest opportunity. This action is pursuant to and consistent with Virginia law, which requires the Board to adjust fees so that the fees are sufficient but not excessive to cover expenses. Department staff will present the details of this proposal at its next Board meeting. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by the Governor and/or the General Assembly and with inflationary changes.

We are thankful for your continued support and cooperation as we work together in managing the finances of the Board.

Please do not hesitate to contact me if you have any questions.

cc: Jay Douglas, Executive Director

Lisa R. Hahn, Chief Operating Officer

Erin Barrett, Director of Legislative and Regulatory Affairs

Chris Moore, Director of Finance and Budget

Department of Health Professions  
Board of Nursing  
Projected Revenue, Expenditures and Cash Balances

Cash Balance as of June 30, 2023	\$ 6,190,736
FY 2024 Projected Revenue	14,911,011
FY 2024 Projected Total Expenditures	18,633,109
Projected Cash Balance as of June 30, 2024	<u>\$ 2,468,638</u>

Projected Cash Balance as of June 30, 2024	\$ 2,468,638
FY 2025 Projected Revenue	15,110,646
FY 2025 Projected Total Expenditures	19,768,568
Projected Cash Balance as of June 30, 2025	<u>\$ (2,189,284)</u>

Projected Cash Balance as of June 30, 2025	\$ (2,189,284)
FY 2026 Projected Revenue	15,314,446
FY 2026 Projected Total Expenditures	20,420,929
Projected Cash Balance as of June 30, 2026	<u>\$ (7,295,767)</u>



# F4a – Background Information

## Agenda Item: Board of Nursing Consideration of fee increase

### Included in your agenda package:

- Memorandum from Director Owens to Board of Nursing regarding need for fee increase;
- Projected revenue expenditures and cash balances

**Staff Notes:** The Board last raised fees in 2011. Prior to that time, the last fee increase was in 2003. The Board should consider the following information in consideration of this proposal:

- In the past several years, the following has occurred:
  - 49% increase in licensees since 2003, 13% increase since 2013
  - 160% increase in employees of the Board since 2003 (30 in 2003 to 78 in 2023)
    - Staff total include part-time and full-time employee positions. The part-time positions include probable cause reviewers, agency subordinates and education inspectors.
  - 7 cost of living increases for staff
  - 5% increase in salary due to mandatory retirement system contribution
  - 21% increase in cases received since 2013
  - 42% increase investigations since 2013
  - 37% increase in allocated Enforcement costs since 2018
  - 110% increase in Administrative Proceedings Division allocated costs
  - 44% increase Information Technology costs
- In the last few years, five compounded state salary increases have accelerated the need for a fee increase. Those include:
  - 5% (total) in FY2020
  - 5% on June 10, 2021
  - 5% on July 10, 2022
  - 5% on June 10, 2023
  - 2% on December 10, 2023
- When the General Assembly enacts salary increases, other state agencies receive increased allocations from the general fund through the budget process to cover the increase. As a special fund agency, DHP and its boards only receive funds from fees provided by licensees, which by statute must be sufficient to cover the operating expenses of the board.

- Nearly 70% of the Board’s budget is personnel costs.
  
- Additional operational increases affecting available funds:
  - License, certificate, and registration counts have increased significantly over the years:
    - 2003: 163,453
    - 2012: 205,969
    - 2023: 232,751
    - Q1 FY2024: 235,045
  
  - Other significant variables affecting operation costs:
    - 2009: regulation of new profession Medication Aides, this included approval of training programs. 2023 registration count: 6,900
    - 2016: Criminal Background Check Unit was established due to a statutory mandate. Additional staff and associated costs incurred.
    - Oversight of Nursing Education programs: increase in survey visits and non – compliance. 169% increase (2013: 13 visits conducted; 2023: 35 visits conducted)
  
- One-time voluntary fee decrease for the renewal period of 2017 – 2019 resulted in a decrease of revenue of **\$2,395,212**.
  
- Cash balance projections without a fee increase:
  - FY2023 (Actual): \$6,190,736
  - FY2024 (Estimate): \$2,468,638
  - **FY2025 (Estimate): -\$2,189,284**
  - **FY2026 (Estimate): -\$7,295,767**
  
- Estimated length of time for promulgation of regulations: 2-3 years

**Action needed:**

- Motion to adopt a Notice of Intended Regulatory Action to initiate a fee increase.

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# *Virginia's Certified Nurse Aide Workforce: 2023*

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Healthcare Workforce Data Center

November 2023

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 32,000 Certified Nurse Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne E. Owens, MS**  
*Director*

**James L. Jenkins, Jr., RN**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Yetty Shobo, PhD  
*Director*

Barbara Hodgdon, PhD  
*Deputy Director*

Rajana Siva, MBA  
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Christopher Coyle, BA  
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## ***Executive Director***

Jay P. Douglas, MSM, RN, CSAC, FRE

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## The Certified Nurse Aide Workforce At a Glance:

### The Workforce

Certified:	58,501
Virginia's Workforce:	53,509
FTEs:	47,782

### Background

Rural Childhood:	49%
HS Degree in VA:	69%
Prof. Degree in VA:	85%

### Current Employment

Employed in Prof.:	84%
Hold 1 Full-Time Job:	58%
Satisfied?:	94%

### Survey Response Rate

All Certified:	55%
Renewing Practitioners:	96%

### Education

RMA Certification:	7%
Advanced CNA Cert.:	1%

### Job Turnover

New Location:	42%
Employed Over 2 Yrs.:	44%

### Demographics

Female:	94%
Diversity Index:	60%
Median Age:	39

### Finances

Med. Income:	> \$15/hr.
Health Benefits:	50%
Retirement Benefits:	43%

### Establishment Type

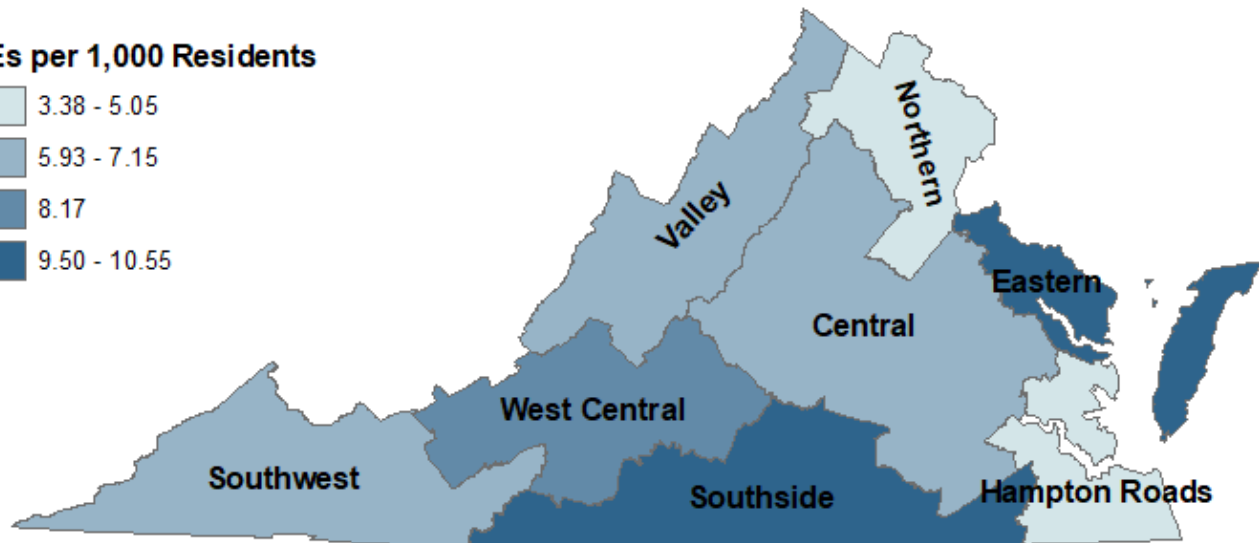
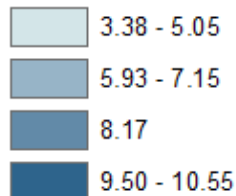
Nursing Home:	31%
Assisted Living:	15%
Home Health Care:	14%

Source: Va. Healthcare Workforce Data Center

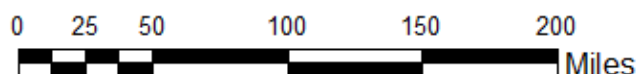
## Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Certified Nurse Aide (CNA) workforce survey. More than 32,000 CNAs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the certificate issuance month of each respondent. These survey respondents represent 55% of the 58,501 CNAs who are certified in the state and 96% of renewing practitioners.

The HWDC estimates that 53,509 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 47,782 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks off).

More than nine out of every ten CNAs are female, and the median age of the CNA workforce is 39. In a random encounter between two CNAs, there is a 60% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 62% for CNAs who are under the age of 40. Virginia's CNA workforce reflects the diversity of the state's overall population, which has a comparable diversity index of 60%. Nearly half of all CNAs grew up in a rural area, and 30% of CNAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 19% of all CNAs work in a non-metro area of the state.

Among all CNAs, 84% are currently employed in the profession, 58% hold one full-time job, and 39% work between 40 and 49 hours per week. Nearly one-third of all CNAs are employed at a nursing home as their primary work location, while another 29% are employed at either an assisted living facility or a home health care establishment. The median wage for a CNA in the state is \$15.00 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 50% who have access to health insurance. Among all CNAs, 94% indicated that they are satisfied with their current work situation, including 62% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2018 CNA workforce. The number of nurse aide certifications in Virginia has decreased by 3% (58,501 vs. 60,295). In addition, the size of Virginia's CNA workforce has fallen by 6% (53,509 vs. 57,072), and the number of FTEs provided by this workforce has declined by 7% (47,782 vs. 51,167). Virginia's renewing CNAs are more likely to respond to this survey (96% vs 79%). Furthermore, the response rate among all practitioners has increased (55% vs. 51%).

The median age of Virginia's CNAs has increased (39 vs. 38). The diversity index of Virginia's CNA workforce has increased as well (60% vs. 58%), and this is also true among CNAs who are under the age of 40 (62% vs. 60%). This has occurred during a time in which the state's overall population has also become more diverse (60% vs. 56%). There was no change in either the percentage of CNAs who grew up in a rural area (49%) or the percentage of CNAs who currently work in a non-metro area (19%). CNAs are slightly more likely to be currently enrolled in an RN program (7% vs. 6%).

Virginia's CNAs are less likely to be employed in the profession (84% vs. 86%) but more likely to hold one full-time job (58% vs. 57%). CNAs have become less likely to be employed at their primary work location for more than two years (44% vs. 48%); instead, CNAs are more likely to work in a new location (42% vs. 39%). CNAs are more likely to work in a nursing home (31% vs. 30%) instead of a home health care establishment (14% vs. 16%). At their primary work location, CNAs are relatively more likely to perform non-clinical activities (9% vs. 7%) instead of clinical/patient care activities (91% vs. 93%).

The median hourly wage of Virginia's CNA workforce has increased (\$15 or more vs. \$12-\$13). However, CNAs are slightly less likely to receive at least one employer-sponsored benefit (73% vs. 74%). There has been no change in the percentage of CNAs who indicated that they are satisfied with their current work situation (94%). However, the percentage of CNAs who indicated that they are "very satisfied" with their current employment situation has declined (62% vs. 65%).



**A Closer Look:**

Certified		
Certificate Status	#	%
Renewing Practitioners	36,438	62%
New Certificate	7,463	13%
Non-Renewals	7,877	13%
Renewal Date Not in Survey Period	6,723	11%
<b>All Certified</b>	<b>58,501</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing CNAs, 96% voluntarily submitted a survey. This represents 55% of all CNAs who held a certificate at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	10,045	4,903	33%
30 to 34	4,455	3,664	45%
35 to 39	2,926	4,023	58%
40 to 44	2,268	3,572	61%
45 to 49	1,797	3,428	66%
50 to 54	1,543	3,453	69%
55 to 59	1,144	3,486	75%
60 and Over	2,136	5,658	73%
<b>Total</b>	<b>26,314</b>	<b>32,187</b>	<b>55%</b>
<b>New Certificates</b>			
Issued in Past Year	7,463	0	0%
<b>Metro Status</b>			
Non-Metro	4,171	6,493	61%
Metro	13,871	23,410	63%
Not in Virginia	8,272	2,284	22%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2022 and September 2023 on the month of initial certification of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia certificate at some point during the survey period.
- 3. Survey Population:** The survey was available to CNAs who renewed their certificate online. It was not available to those who did not renew, including CNAs newly certified in the past two years.

Response Rates	
Completed Surveys	<b>32,187</b>
Response Rate, All Practitioners	<b>55%</b>
Response Rate, Renewals	<b>96%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Certified Nurse Aides**

Number: 58,501  
 New: 13%  
 Not Renewed: 13%

**Response Rates**

All Certified: 55%  
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's CNA Workforce: 53,509  
 FTEs: 47,782

### Utilization Ratios

CNAs in VA Workforce: 91%  
 CNAs per FTE: 1.22  
 Workers per FTE: 1.12

Source: Va. Healthcare Workforce Data Center

### Virginia's CNA Workforce

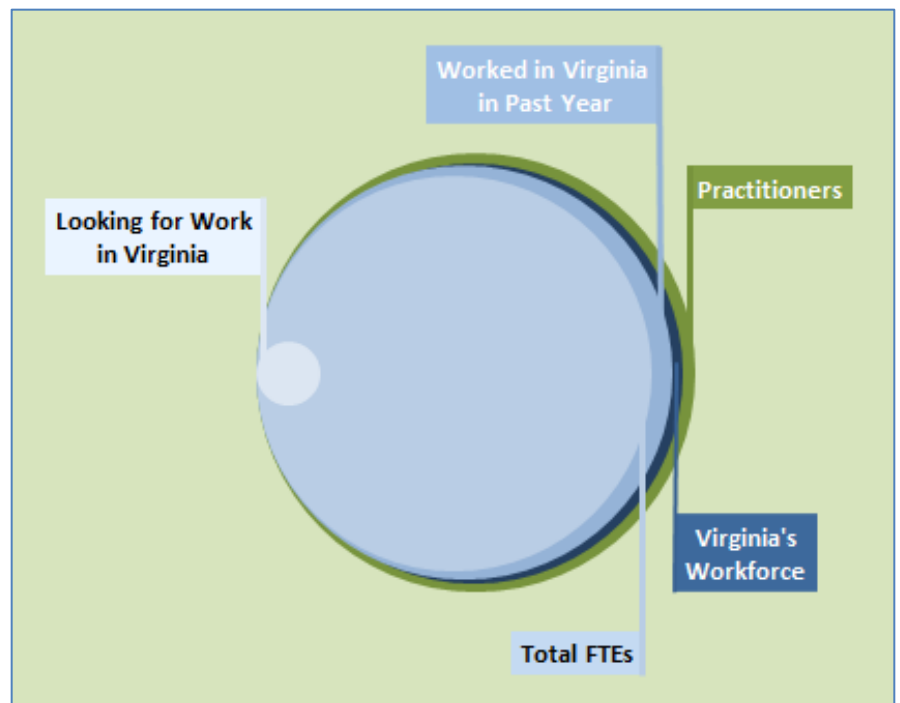
Status	#	%
Worked in Virginia in Past Year	52,268	98%
Looking for Work in Virginia	1,241	2%
Virginia's Workforce	53,509	100%
Total FTEs	47,782	
Certified CNAs	58,501	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Practitioners in VA Workforce:** The proportion of practitioners in Virginia's Workforce.
- 4. Practitioners per FTE:** An indication of the number of CNAs needed to create 1 FTE. Higher numbers indicate lower CNA participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	749	6%	12,313	94%	13,061	27%
30 to 34	470	7%	6,563	93%	7,033	14%
35 to 39	319	5%	5,566	95%	5,884	12%
40 to 44	311	6%	4,658	94%	4,970	10%
45 to 49	253	6%	4,045	94%	4,297	9%
50 to 54	242	6%	3,851	94%	4,094	8%
55 to 59	224	6%	3,404	94%	3,628	7%
60 and Over	337	6%	5,556	94%	5,892	12%
<b>Total</b>	<b>2,905</b>	<b>6%</b>	<b>45,955</b>	<b>94%</b>	<b>48,860</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	59%	18,693	37%	11,826	44%
Black	18%	25,701	51%	11,354	43%
Asian	7%	1,383	3%	547	2%
Other Race	1%	551	1%	230	1%
Two or More Races	5%	1,420	3%	1,081	4%
Hispanic	10%	2,662	5%	1,664	6%
<b>Total</b>	<b>100%</b>	<b>50,410</b>	<b>100%</b>	<b>26,702</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 94%  
% Under 40 Female: 94%

**Age**

Median Age: 39  
% Under 40: 53%  
% 55 and Over: 19%

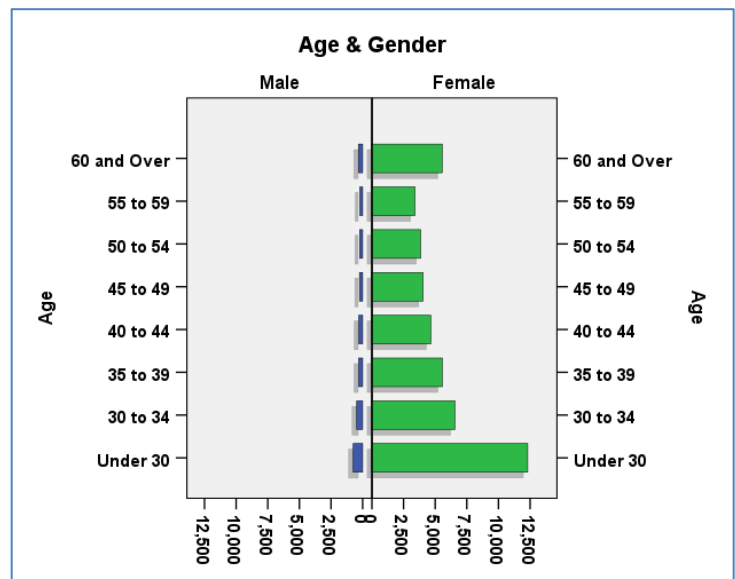
**Diversity**

Diversity Index: 60%  
Under 40 Div. Index: 62%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two CNAs, there is a 60% chance that they would be of different races or ethnicities (a measure known as the diversity index). This is equivalent to the comparable diversity index for Virginia's population as a whole.

Among all CNAs, 53% are under the age of 40. Among CNAs who are under the age of 40, 94% are female. In addition, the diversity index among CNAs who are under the age of 40 is 62%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 28%  
 Rural Childhood: 49%

### Virginia Background

HS in Virginia: 69%  
 Prof. Training in VA: 85%  
 HS or Prof. Train. in VA: 87%

### Location Choice

% Rural to Non-Metro: 30%  
 % Urban/Suburban to Non-Metro: 8%

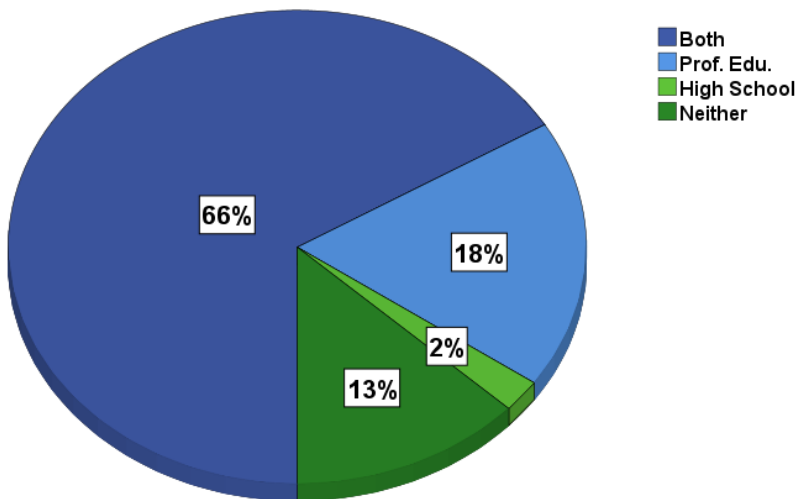
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	33%	29%	38%
2	Metro, 250,000 to 1 Million	55%	21%	25%
3	Metro, 250,000 or Less	65%	21%	14%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	63%	17%	20%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	77%	10%	13%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	85%	8%	7%
8	Rural, Metro Adjacent	84%	8%	8%
9	Rural, Non-Adjacent	76%	12%	12%
<b>Overall</b>		<b>49%</b>	<b>23%</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in a self-described rural area, and 30% of CNAs who grew up in a rural area currently work in a non-metro county. In total, 19% of all CNAs currently work in a non-metro county.

## Top Ten States for Certified Nurse Aide Recruitment

Rank	All Certified Nurse Aides			
	High School	#	Init. Prof. Degree	#
1	Virginia	34,241	Virginia	42,197
2	Outside U.S./Canada	6,302	North Carolina	1,145
3	North Carolina	1,103	West Virginia	745
4	New York	1,098	New York	675
5	West Virginia	1,010	Maryland	593
6	Pennsylvania	717	Pennsylvania	381
7	Maryland	716	California	303
8	New Jersey	412	Georgia	276
9	Florida	383	New Jersey	264
10	California	335	Tennessee	223

Source: Va. Healthcare Workforce Data Center

*Among all CNAs, 69% received their high school degree in Virginia, while 85% received their initial CNA training in the state.*

*Among CNAs who have obtained their certificate in the past five years, 67% received their high school degree in Virginia, and 78% received their initial CNA training in the state.*

Rank	Certified in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	8,584	Virginia	9,996
2	Outside U.S./Canada	1,127	North Carolina	375
3	North Carolina	355	West Virginia	275
4	West Virginia	345	Maryland	221
5	New York	247	New York	179
6	Maryland	242	California	142
7	Pennsylvania	182	Pennsylvania	117
8	Florida	126	Georgia	108
9	California	124	Texas	102
10	Georgia	122	Tennessee	102

Source: Va. Healthcare Workforce Data Center

*Nearly one out of every ten of Virginia's CNAs did not participate in the state's workforce during the past year. Among these CNAs, 91% worked at some point in the past year, including 77% who worked in a CNA-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total: 5,004  
 % of Certified: 9%  
 VA Border State/DC: 24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	3,936	7%
Advanced Practice CNA	518	1%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**

RMA: 7%

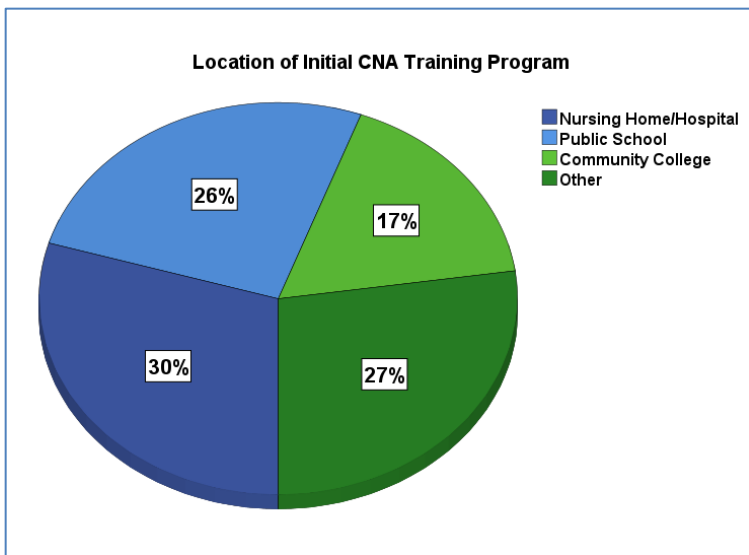
Advanced Practice CNA: 1%

**Educational Advancement**

RN Program: 7%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	14,656	30%
Public School (High School/Vocational School)	12,898	26%
Community College	8,471	17%
Other (Private School/Proprietary Program)	13,513	27%
<b>Total</b>	<b>49,538</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	41,983	89%
RN Program	3,153	7%
LPN Program	2,086	4%
<b>Total</b>	<b>47,222</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than 10% of all CNAs are currently enrolled in a nursing program, including 7% who are enrolled in an RN program.*

## At a Glance:

### Employment

Employed in Profession: 84%  
Involuntarily Unemployed: 3%

### Positions Held

1 Full-Time: 58%  
2 or More Positions: 20%

### Weekly Hours:

40 to 49: 39%  
60 or More: 7%  
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	17	< 1%
Employed in a CNA-Related Capacity	42,303	84%
Employed, NOT in a CNA-Related Capacity	6,006	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1,717	3%
Voluntarily Unemployed	109	< 1%
Retired	17	< 1%
<b>Total</b>	<b>50,169</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all CNAs, 84% are currently employed in the profession, 58% hold one full-time job, and 39% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	1,843	4%
1 to 9 Hours	1,596	3%
10 to 19 Hours	2,585	5%
20 to 29 Hours	5,041	11%
30 to 39 Hours	12,616	27%
40 to 49 Hours	18,552	39%
50 to 59 Hours	2,021	4%
60 to 69 Hours	1,043	2%
70 to 79 Hours	701	1%
80 or More Hours	1,453	3%
<b>Total</b>	<b>47,451</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,843	4%
One Part-Time Position	9,297	19%
Two Part-Time Positions	2,152	4%
One Full-Time Position	28,525	58%
One Full-Time Position & One Part-Time Position	6,268	13%
Two Full-Time Positions	794	2%
More than Two Positions	472	1%
<b>Total</b>	<b>49,351</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
Less than \$10.00 Per Hour	280	1%
\$10.00 to \$10.99 Per Hour	341	1%
\$11.00 to \$11.99 Per Hour	608	2%
\$12.00 to \$12.99 Per Hour	1,559	4%
\$13.00 to \$13.99 Per Hour	1,265	3%
\$14.00 to \$14.99 Per Hour	1,713	4%
\$15.00 or More Per Hour	36,059	86%
<b>Total</b>	<b>41,826</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
 Median Income: > \$15/hr.

**Benefits**  
 Health Insurance: 50%  
 Retirement: 43%

**Satisfaction**  
 Satisfied: 94%  
 Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	30,867	62%
Somewhat Satisfied	15,698	32%
Somewhat Dissatisfied	1,981	4%
Very Dissatisfied	890	2%
<b>Total</b>	<b>49,436</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical CNA earns \$15 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 50% who have access to health insurance.*

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	25,281	60%
Health Insurance	21,209	50%
Paid Sick Leave	21,006	50%
Dental Insurance	20,239	48%
Retirement	18,322	43%
Group Life Insurance	12,842	30%
<b>At Least One Benefit</b>	<b>30,836</b>	<b>73%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,786	13%	2,897	21%
6 Months to 1 Year	7,426	17%	2,771	20%
1 to 2 Years	11,710	26%	3,507	26%
3 to 5 Years	9,495	21%	2,466	18%
6 to 10 Years	4,960	11%	1,039	8%
More than 10 Years	5,363	12%	1,025	7%
<b>Subtotal</b>	<b>44,741</b>	<b>100%</b>	<b>13,705</b>	<b>100%</b>
Did Not Have Location	2,924		37,136	
Item Missing	5,844		2,668	
<b>Total</b>	<b>53,509</b>		<b>53,509</b>	

Source: Va. Healthcare Workforce Data Center

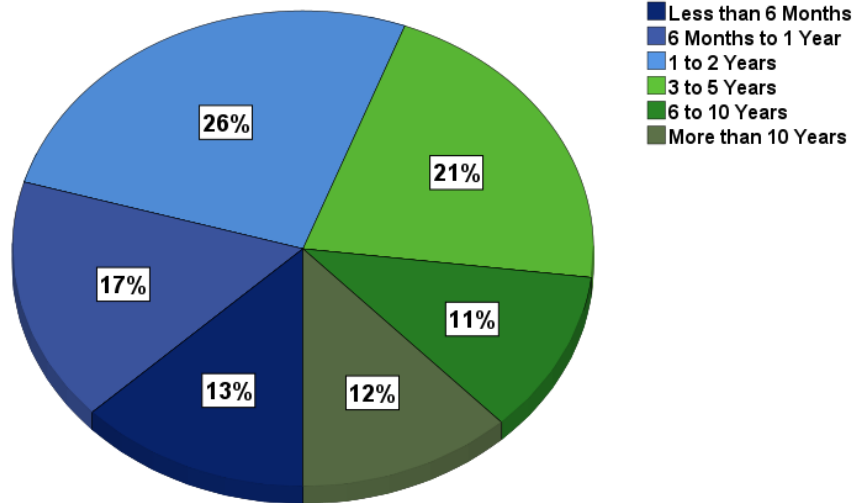
At a Glance:

Turnover & Tenure

New Location: 42%  
 Over 2 Years: 44%  
 Over 2 Yrs., 2<sup>nd</sup> Location: 33%

Source: Va. Healthcare Workforce Data Center

Work Duration, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Among all CNAs, 44% have worked at their primary work location for more than two years.

## At a Glance:

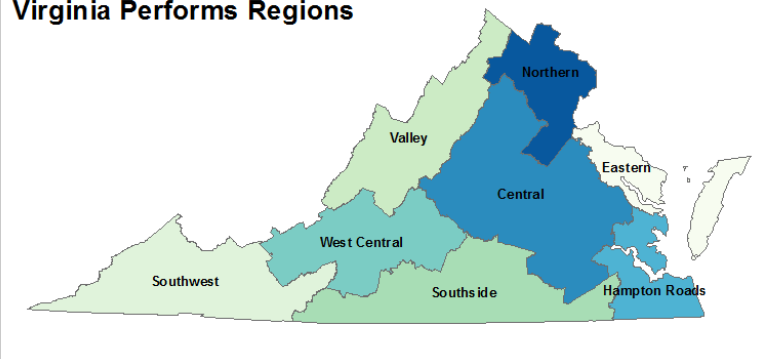
### Concentration

Top Region:	23%
Top 3 Regions:	61%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

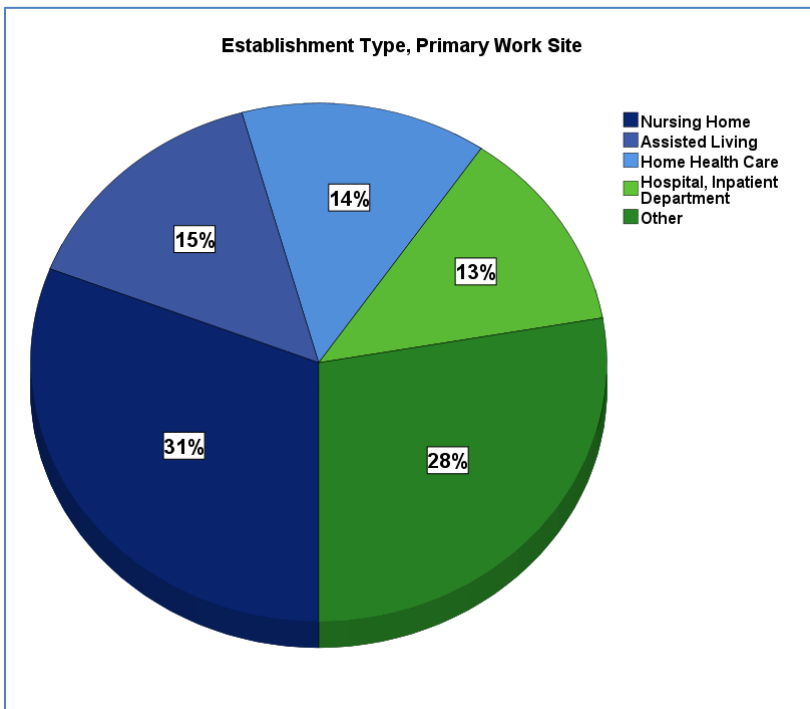
### Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	9,497	23%	3,196	22%
Eastern	1,299	3%	515	4%
Hampton Roads	7,751	18%	2,758	19%
Northern	8,247	20%	3,355	23%
Southside	3,024	7%	938	7%
Southwest	2,595	6%	498	3%
Valley	3,598	9%	935	7%
West Central	5,780	14%	1,882	13%
Virginia Border State/D.C.	114	0%	99	1%
Other U.S. State	116	0%	143	1%
Outside of the U.S.	12	0%	13	0%
<b>Total</b>	<b>42,033</b>	<b>100%</b>	<b>14,332</b>	<b>100%</b>
Item Missing	8,552		2,040	

Source: Va. Healthcare Workforce Data Center

More than 60% of all CNAs work in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:  
(Primary Locations)**

**Activity**  
 Clinical/Patient Care: 91%  
 Non-Clinical: 9%

**Top Establishments**  
 Nursing Home: 31%  
 Assisted Living: 15%  
 Home Health Care: 14%

Source: Va. Healthcare Workforce Data Center

*Three out of every five CNAs work in nursing homes, assisted living facilities, or home health care establishments.*

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	14,340	31%	3,567	24%
Assisted Living	6,875	15%	2,314	15%
Home Health Care	6,423	14%	3,108	21%
Hospital, Inpatient Department	5,896	13%	780	5%
Personal Care: Companion/Sitter/Private Duty	1,758	4%	888	6%
Physician's Office	1,313	3%	107	1%
Hospital, Ambulatory Care	1,197	3%	193	1%
Hospice	1,185	3%	221	1%
Mental Health Facility	863	2%	183	1%
Group Home	793	2%	381	3%
Health Clinic	733	2%	150	1%
Other Practice Setting	5,047	11%	3,225	21%
<b>Total</b>	<b>46,423</b>	<b>100%</b>	<b>15,117</b>	<b>100%</b>
Did Not Have a Location	2,924		37,136	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	6%
French:	2%
Chinese:	2%

### Means of Communication

Respondent:	40%
Virtual Translation:	31%
Other Staff Member:	25%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	3,230	6%
French	1,260	2%
Chinese	1,037	2%
Tagalog/Filipino	1,031	2%
Arabic	982	2%
Korean	934	2%
Amharic, Somali, or Other Afro-Asiatic Languages	922	2%
Vietnamese	865	2%
Hindi	863	2%
Urdu	699	1%
Persian	694	1%
Pashto	630	1%
Others	1,055	2%
<b>At Least One Language</b>	<b>5,087</b>	<b>10%</b>

Source: Va. Healthcare Workforce Data Center

*Among all CNAs, 6% are employed at a primary work location that offers Spanish language services for patients.*

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Respondent is Proficient	2,026	40%
Virtual Translation Service	1,594	31%
Other Staff Member is Proficient	1,261	25%
Onsite Translation Service	1,050	21%
Other	363	7%

Source: Va. Healthcare Workforce Data Center

*Two out of every five CNAs who are employed at a primary work location that offers language services for patients are proficient and are the ones providing the service.*

## At a Glance:

### FTEs

Total: 47,782  
 FTEs/1,000 Residents<sup>1</sup>: 5.50  
 Average: 0.94

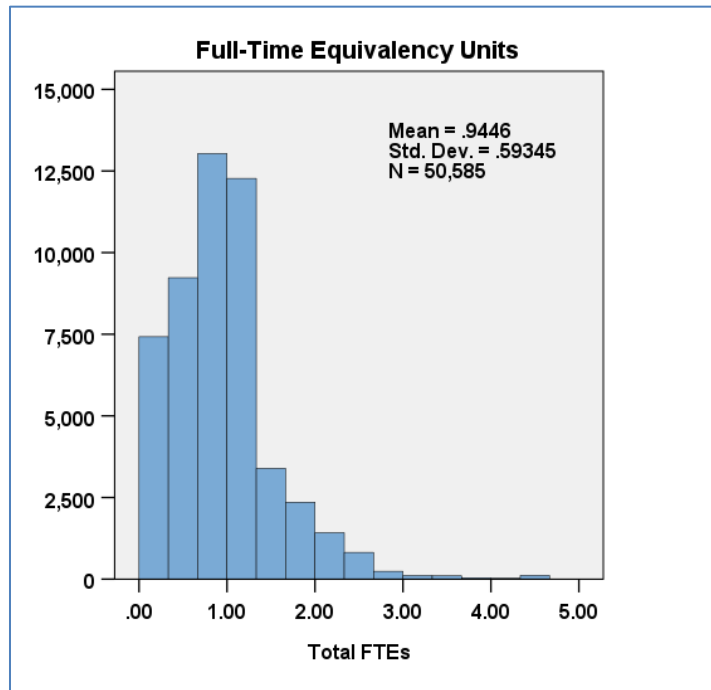
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

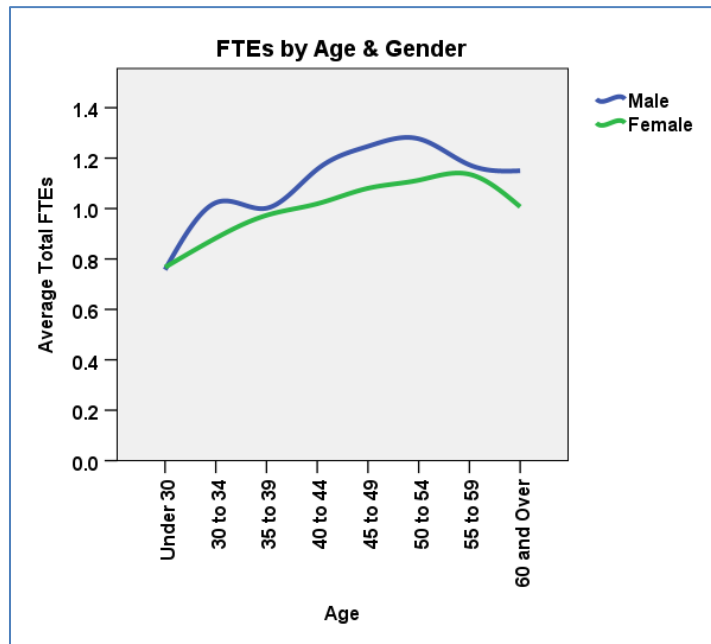


Source: Va. Healthcare Workforce Data Center

The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>2</sup>

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.76	0.68
30 to 34	0.88	0.88
35 to 39	0.96	0.91
40 to 44	1.02	0.91
45 to 49	1.08	1.02
50 to 54	1.11	1.08
55 to 59	1.12	1.08
60 and Over	0.99	0.91
Gender		
Male	1.03	0.98
Female	0.95	0.91

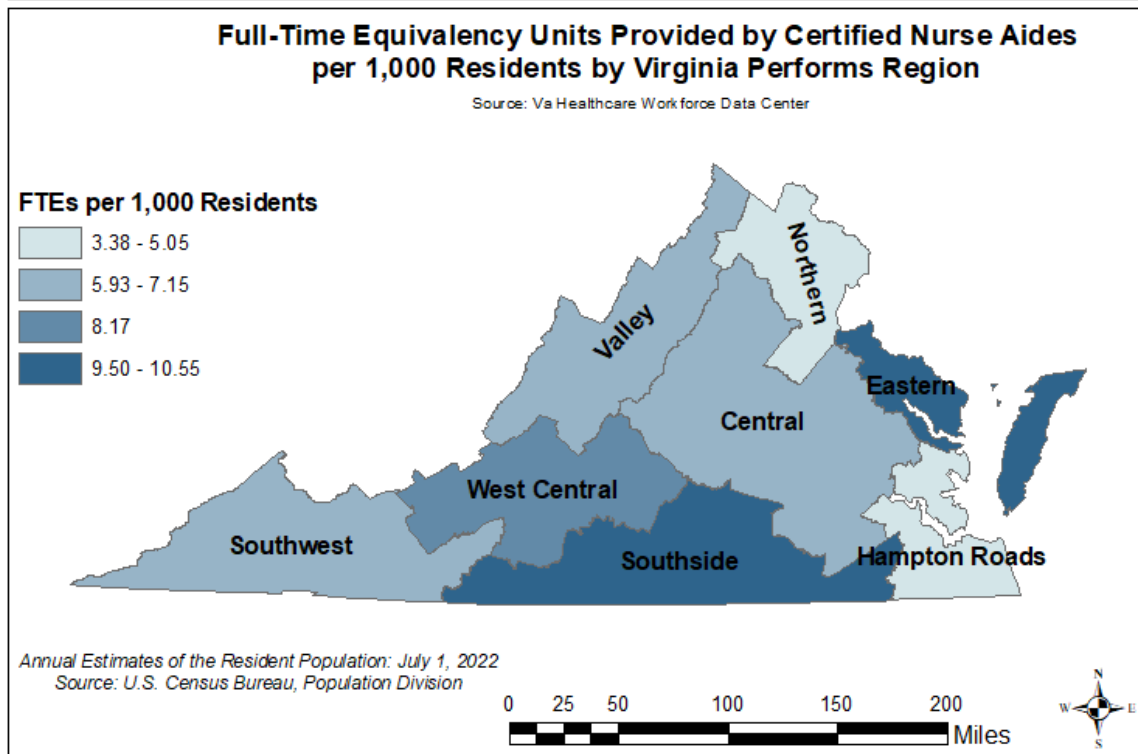
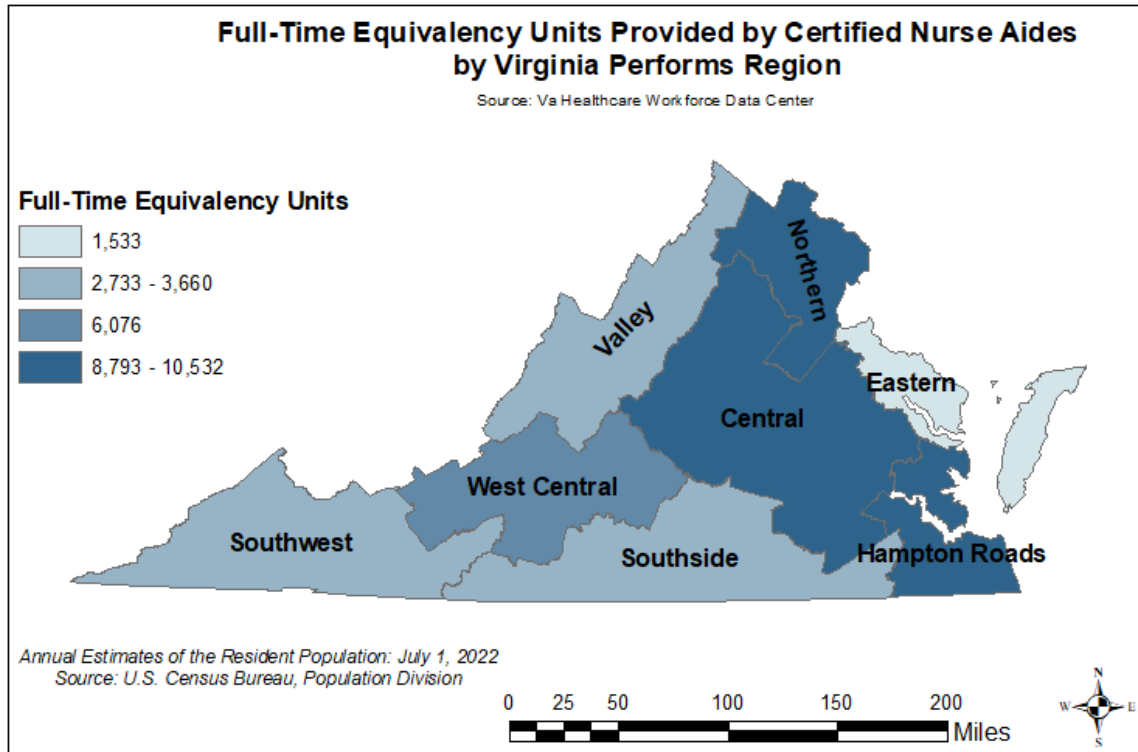
Source: Va. Healthcare Workforce Data Center

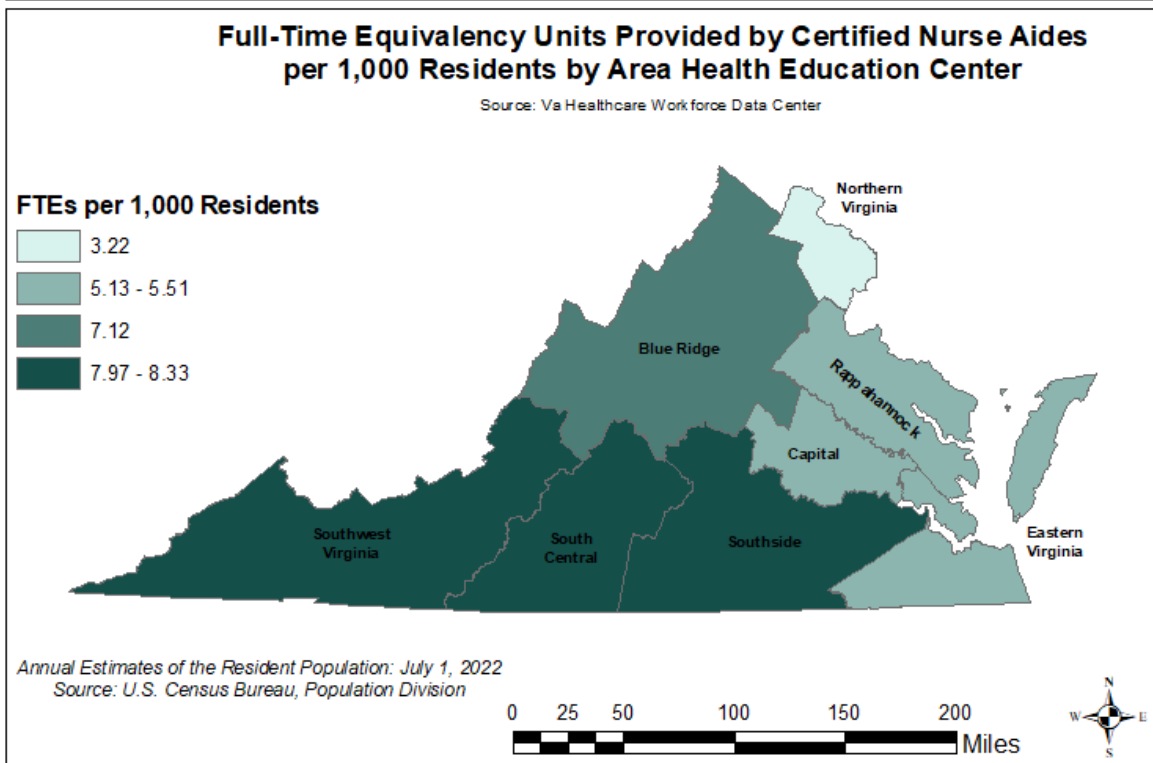
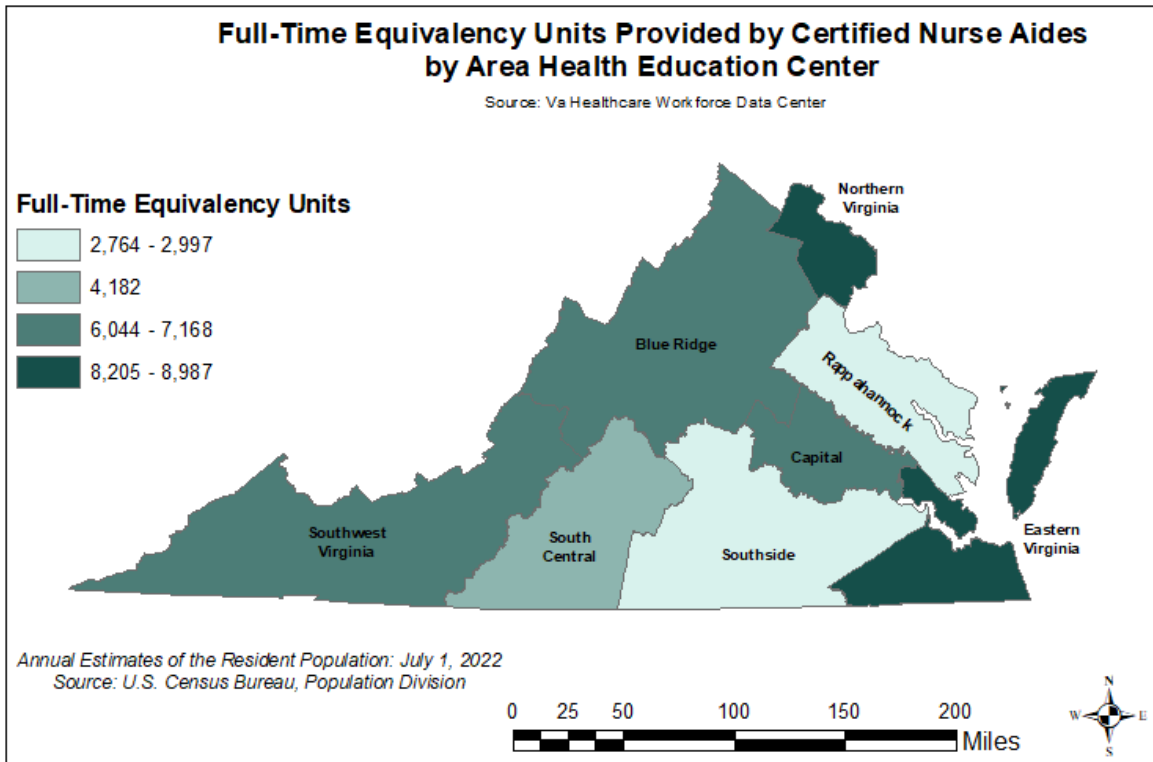


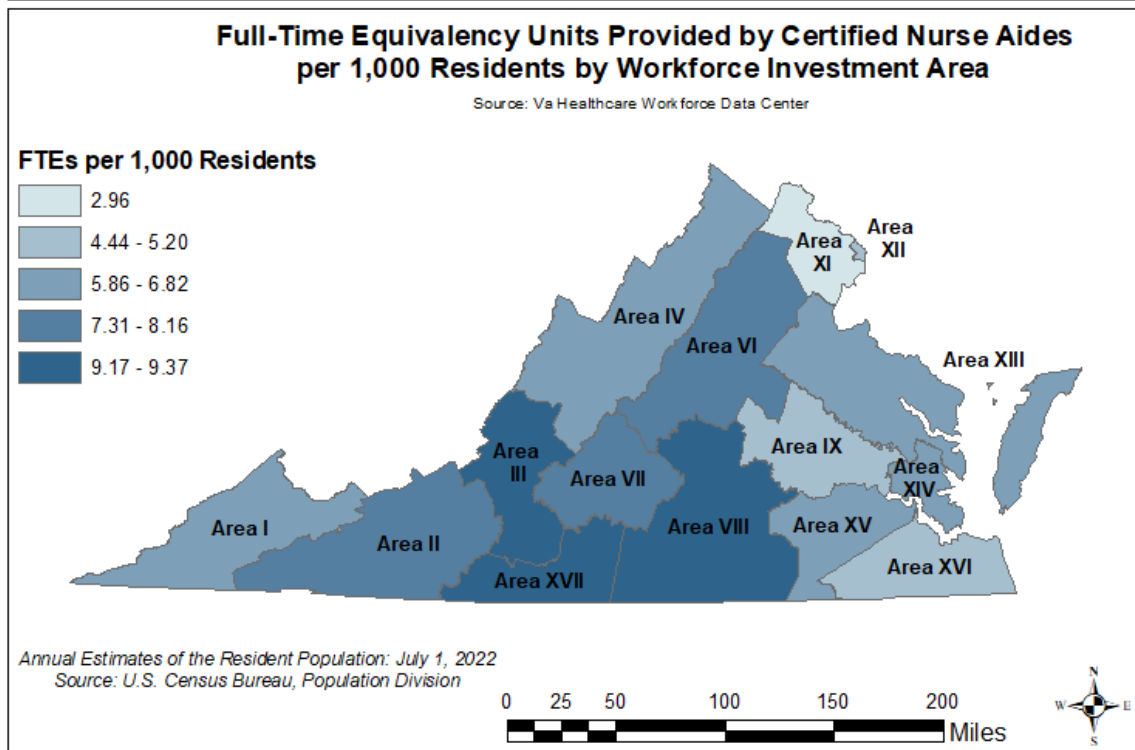
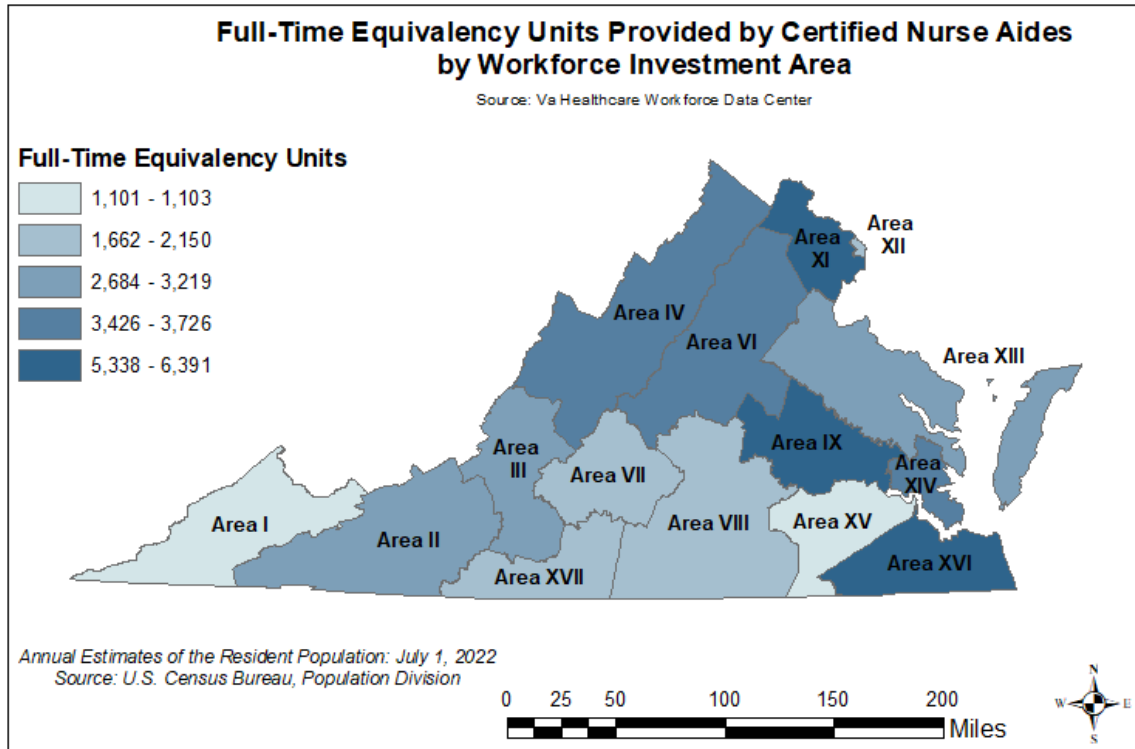
Source: Va. Healthcare Workforce Data Center

<sup>1</sup> Number of residents in 2022 was used as the denominator.

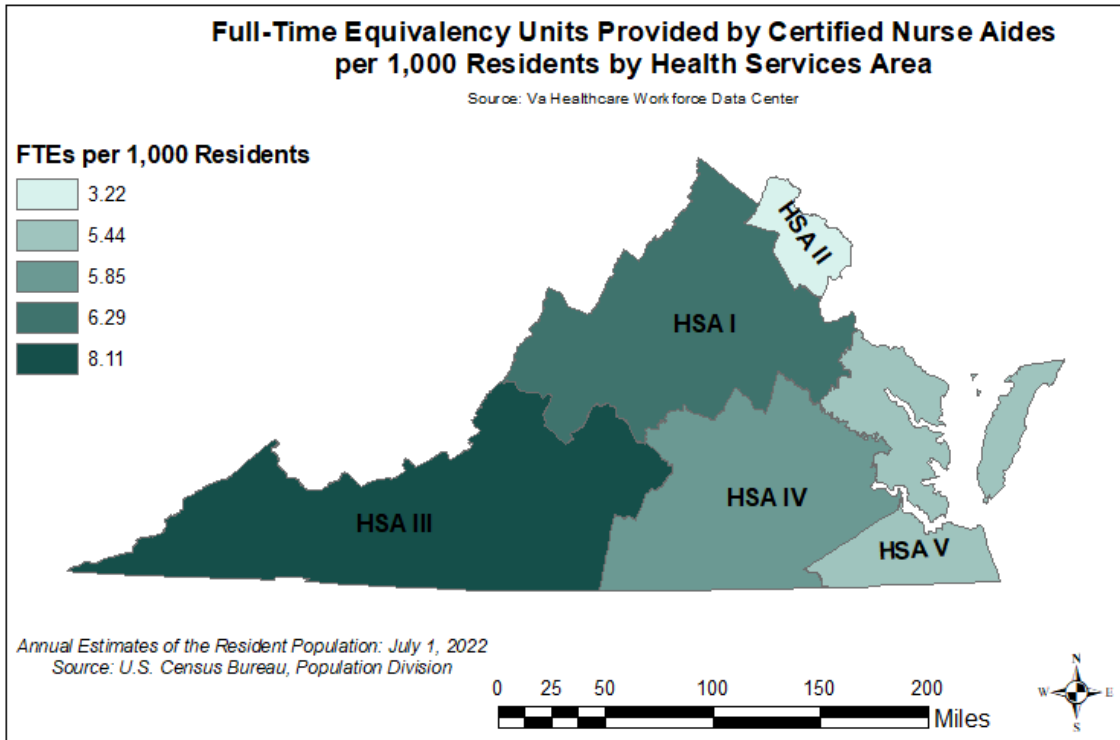
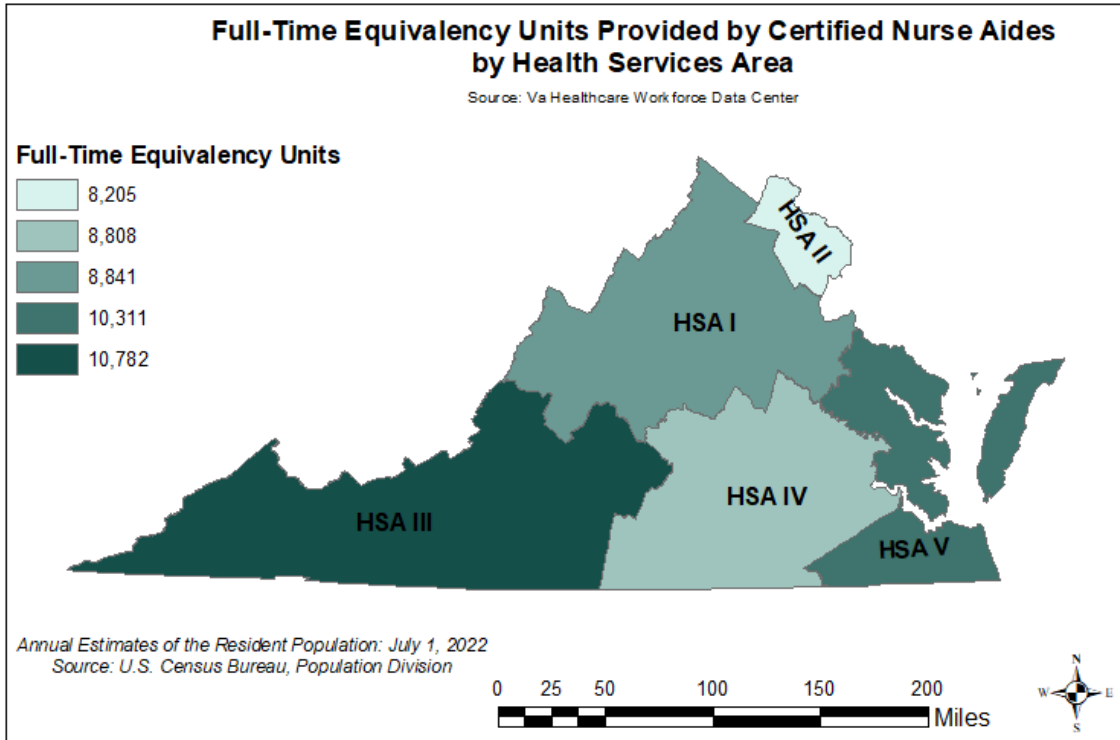
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

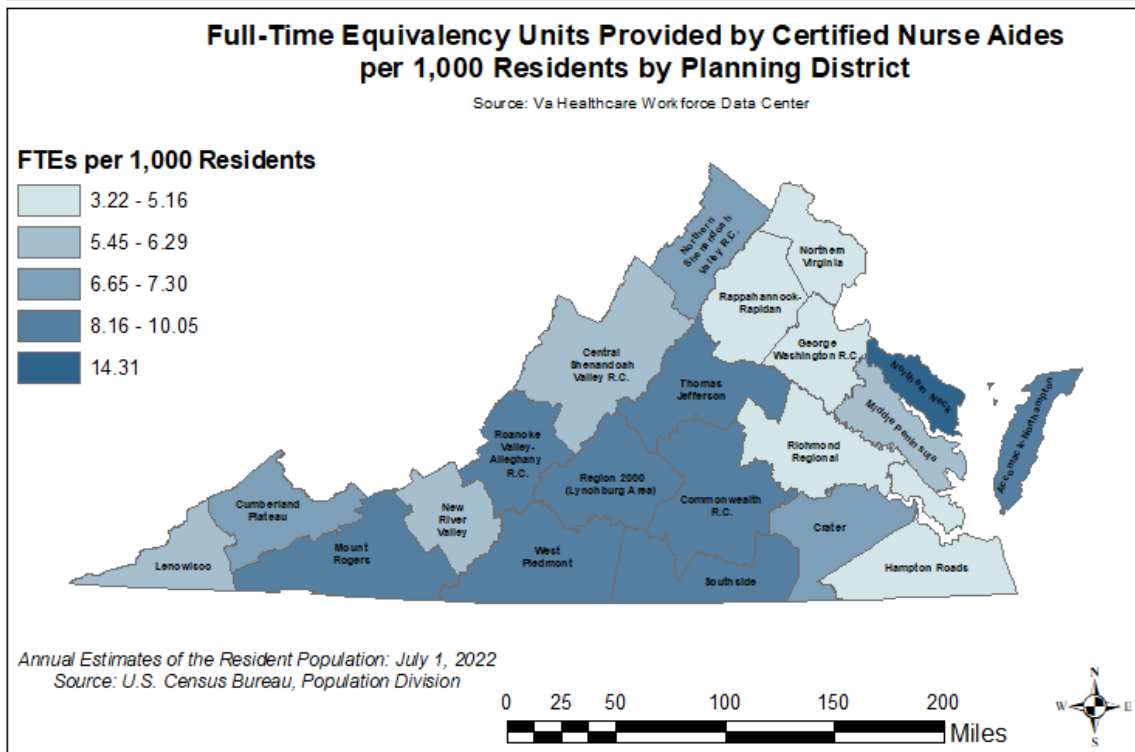
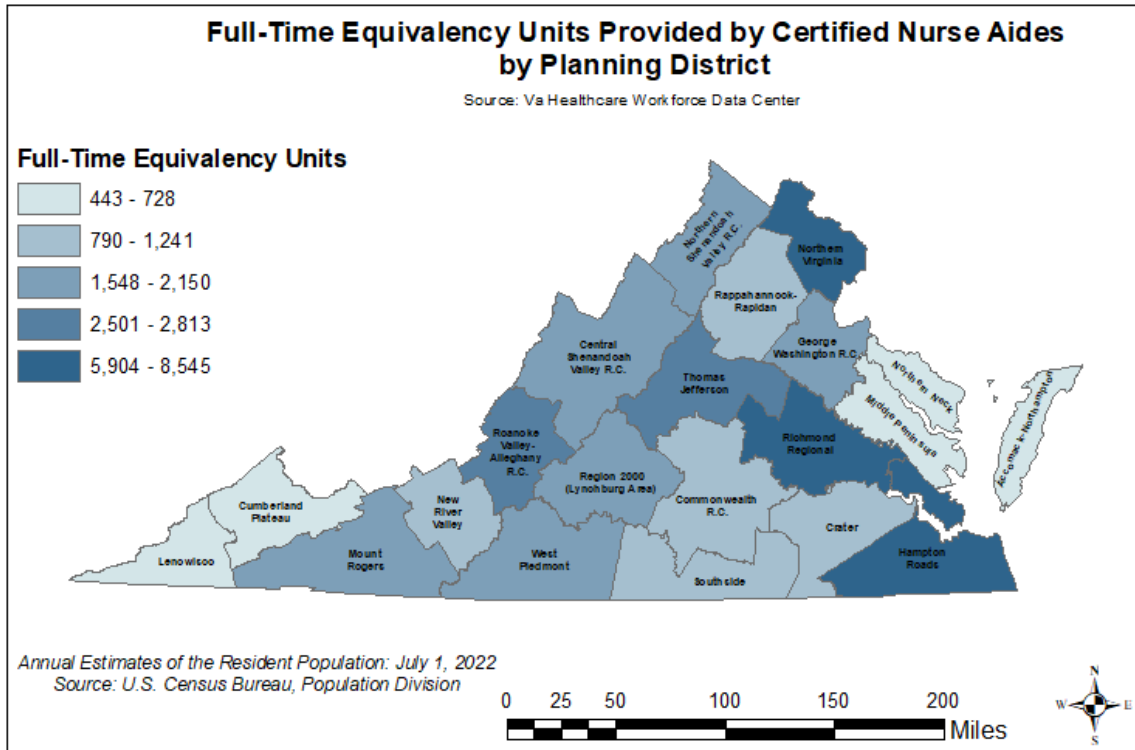












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	26,452	63.44%	1.576	1.152	2.644
<b>Metro, 250,000 to 1 Million</b>	5,400	62.13%	1.610	1.176	2.700
<b>Metro, 250,000 or Less</b>	5,429	60.31%	1.658	1.212	2.782
<b>Urban, Pop. 20,000+, Metro Adj.</b>	1,737	61.02%	1.639	1.197	2.749
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	3,918	64.98%	1.539	1.125	2.581
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	1,822	57.03%	1.754	1.281	2.942
<b>Rural, Metro Adj.</b>	2,122	59.10%	1.692	1.237	2.838
<b>Rural, Non-Adj.</b>	1,065	55.77%	1.793	1.310	3.007
<b>Virginia Border State/D.C.</b>	4,707	30.27%	3.303	2.414	5.541
<b>Other U.S. State</b>	5,849	14.69%	6.809	4.976	11.422

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	14,948	32.80%	3.049	2.581	11.422
<b>30 to 34</b>	8,119	45.13%	2.216	1.876	8.301
<b>35 to 39</b>	6,949	57.89%	1.727	1.462	6.471
<b>40 to 44</b>	5,840	61.16%	1.635	1.384	6.125
<b>45 to 49</b>	5,225	65.61%	1.524	1.291	5.710
<b>50 to 54</b>	4,996	69.12%	1.447	1.225	5.420
<b>55 to 59</b>	4,630	75.29%	1.328	1.125	4.976
<b>60 and Over</b>	7,794	72.59%	1.378	1.166	5.161

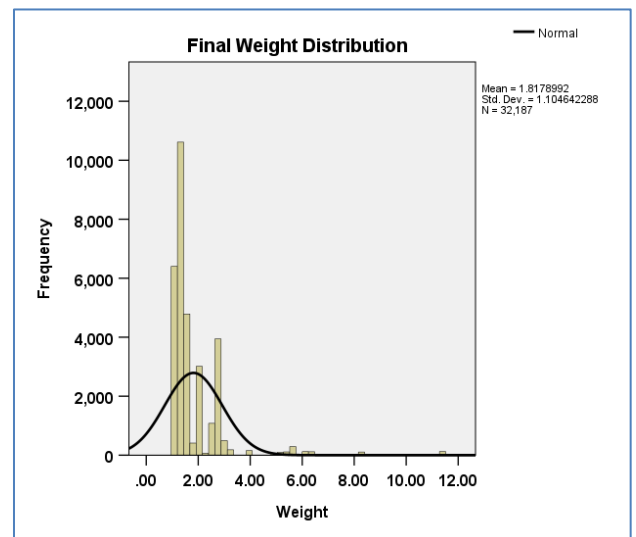
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.550196**



Source: Va. Healthcare Workforce Data Center

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# *Virginia's Licensed Practical Nurse Workforce: 2023*

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Healthcare Workforce Data Center

November 2023

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 11,000 Licensed Practical Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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Jay P. Douglas, MSM, RN, CSAC, FRE

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# The Licensed Practical Nurse Workforce At a Glance:

## The Workforce

Licensees:	29,377
Virginia's Workforce:	26,531
FTEs:	22,955

## Background

Rural Childhood:	48%
HS Degree in VA:	72%
Prof. Degree in VA:	87%

## Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	69%
Satisfied?:	94%

## Survey Response Rate

All Licensees:	40%
Renewing Practitioners:	95%

## Education

LPN Diploma/Cert.:	94%
Associate:	5%

## Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	52%

## Demographics

Female:	95%
Diversity Index:	58%
Median Age:	46

## Finances

Median Income:	\$50k-\$60k
Health Insurance:	56%
Under 40 w/ Ed. Debt:	62%

## Time Allocation

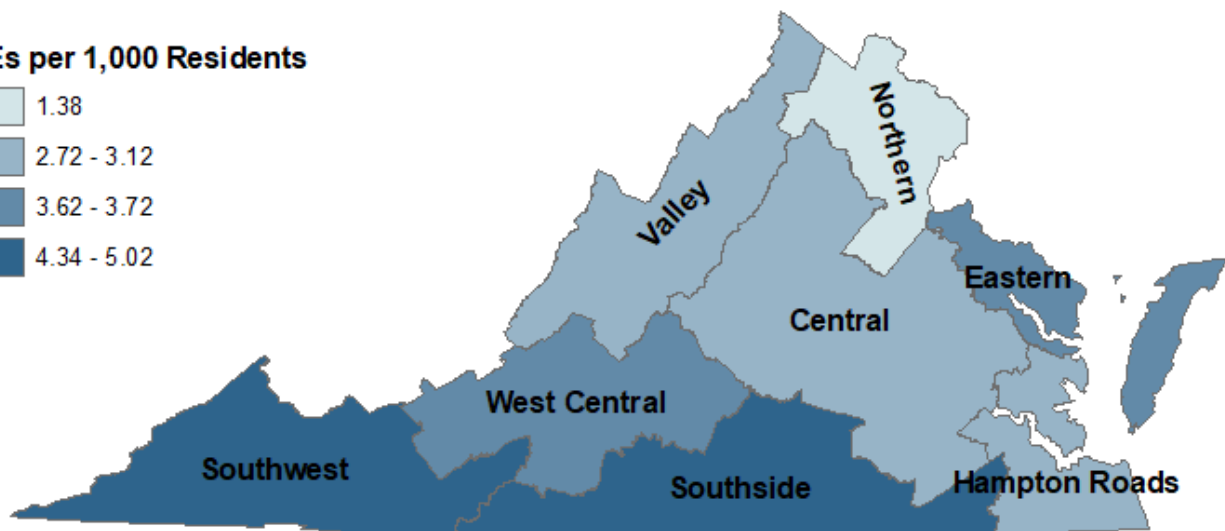
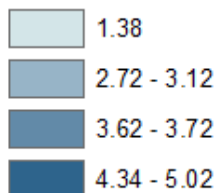
Patient Care:	80%-89%
Patient Care Role:	66%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

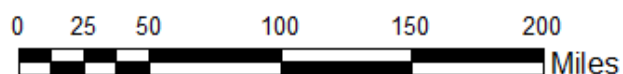
## Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022  
Source: U.S. Census Bureau, Population Division





This report contains the results of the 2023 Licensed Practical Nurse (LPN) survey. In total, 11,609 LPNs took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. These survey respondents represent 40% of the 29,377 LPNs who are licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 26,531 LPNs participated in Virginia's workforce during the survey period, which is defined as those LPNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 22,955 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

The percentage of LPNs who are female is 95%, and the median age of this workforce is 46. In a random encounter between two LPNs, there is a 58% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among LPNs who are under the age of 40, the diversity index increases to 61%. Virginia's LPN workforce reflects the diversity of the state's overall population, which has a comparable diversity index of 60%. Nearly half of all LPNs grew up in a rural area, and one-third of LPNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 19% of all LPNs work in a non-metro area of the state. In addition, 6% of Virginia's LPN workforce has served in the military. Among LPNs who have served in the military, 53% served in the Army.

Among all LPNs, 89% are currently employed in the profession, 69% hold one full-time job, and 52% work between 40 and 49 hours per week. More than four out of every five LPNs work in the private sector, including 60% who work in the for-profit sector. The median annual income for Virginia's LPN workforce is between \$50,000 and \$60,000, and 81% of LPNs receive this income in the form of an hourly wage. In addition, 73% of LPNs receive at least one employer-sponsored benefit, including 56% who have access to health insurance. Among all LPNs, 94% indicated that they are satisfied with their current employment situation, including 64% who indicated that they are "very satisfied."

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2013 LPN workforce. The number of licensed LPNs in Virginia has fallen by 4% (29,377 vs. 30,752). At the same time, the size of Virginia's LPN workforce has declined by 7% (26,531 vs. 28,391), and the number of FTEs provided by this workforce has fallen by 14% (22,955 vs. 26,573). Virginia's renewing LPNs are considerably more likely to respond to this survey (95% vs. 74%).

There has been no change in the percentage of Virginia's LPN workforce that is female (95%). Virginia's LPN workforce has become more diverse (58% vs. 51%), a trend that has also occurred among LPNs who are under the age of 40 (61% vs. 57%). This has occurred during a time in which the diversity index of Virginia's overall population has increased (60% vs. 54%). Although LPNs are less likely to have grown up in a rural area (48% vs. 50%), LPNs who grew up in a rural area are more likely to work in a non-metro area (33% vs. 30%). However, there has been no change in the percentage of all LPNs who work in a non-metro area of the state (19%). LPNs are relatively more likely to hold an associate degree in nursing as their highest professional degree (5% vs. 2%) instead of an LPN/LVN diploma or certificate (94% vs. 97%). LPNs are more likely to carry education debt (45% vs. 37%), and the median debt amount among LPNs with education debt has increased (\$20k-\$30k vs. \$10k-\$20k).

LPNs are slightly less likely to hold one full-time job (69% vs. 70%). At the same time, LPNs are more likely to work between 40 and 49 hours per week (52% vs. 42%) instead of 60 or more hours per week (6% vs. 18%). LPNs are more likely to work in the for-profit sector (60% vs. 56%) instead of the non-profit sector (22% vs. 25%). At their primary work location, LPNs are less likely to fill a patient care role (66% vs. 79%). Instead, LPNs are relatively more likely to fill either an administrative role (7% vs. 4%) or a supervisory role (4% vs. 2%). The median annual income of Virginia's LPN workforce has increased (\$50k-\$60k vs. \$30k-\$40k). LPNs are more likely to indicate that they are satisfied with their current work situation (94% vs. 93%), including those LPNs who indicated that they are "very satisfied" (64% vs. 59%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	12,577	43%
New Licensees	1,446	5%
Non-Renewals	2,102	7%
Renewal Date Not in Survey Period	13,004	44%
<b>All Licensees</b>	<b>29,377</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing LPNs, 95% voluntarily submitted a survey. This represents 40% of all LPNs who held a license at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	2,054	747	27%
30 to 34	1,809	1,250	41%
35 to 39	2,376	1,239	34%
40 to 44	2,021	1,663	45%
45 to 49	2,089	1,296	38%
50 to 54	1,785	1,677	48%
55 to 59	1,867	1,188	39%
60 and Over	3,767	2,549	40%
<b>Total</b>	<b>17,768</b>	<b>11,609</b>	<b>40%</b>
<b>New Licenses</b>			
Issued in Past Year	1,445	1	0%
<b>Metro Status</b>			
Non-Metro	3,702	2,535	41%
Metro	13,042	8,548	40%
Not in Virginia	1,023	526	34%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted between October 2022 and September 2023 on the birth month of each renewing practitioner.
- Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	11,609
Response Rate, All Licensees	40%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Practical Nurses**  
 Number: 29,377  
 New: 5%  
 Not Renewed: 7%

**Response Rates**  
 All Licensees: 40%  
 Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's LPN Workforce: 26,531  
 FTEs: 22,955

### Utilization Ratios

Licensees in VA Workforce: 90%  
 Licensees per FTE: 1.28  
 Workers per FTE: 1.16

Source: Va. Healthcare Workforce Data Center

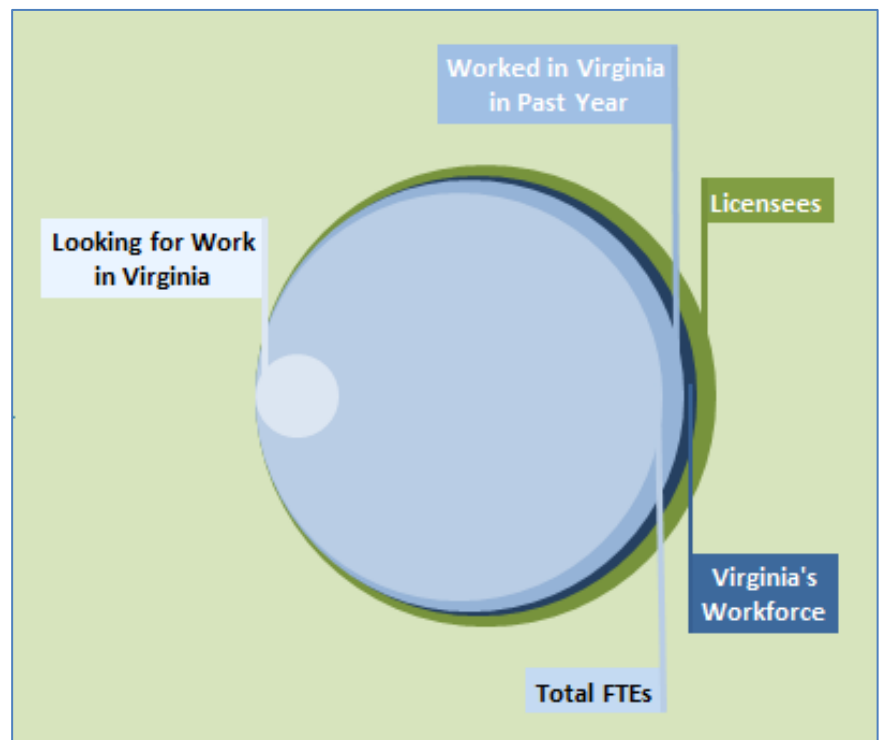
## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

### Virginia's LPN Workforce

Status	#	%
Worked in Virginia in Past Year	25,541	96%
Looking for Work in Virginia	991	4%
Virginia's Workforce	26,531	100%
Total FTEs	22,955	
Licensees	29,377	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	101	4%	2,329	96%	2,431	11%
30 to 34	137	5%	2,461	95%	2,598	11%
35 to 39	155	5%	2,815	95%	2,970	13%
40 to 44	140	5%	2,841	95%	2,981	13%
45 to 49	134	5%	2,531	95%	2,665	12%
50 to 54	167	6%	2,462	94%	2,629	12%
55 to 59	98	4%	2,132	96%	2,230	10%
60 and Over	263	6%	3,869	94%	4,132	18%
<b>Total</b>	<b>1,195</b>	<b>5%</b>	<b>21,441</b>	<b>95%</b>	<b>22,636</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	59%	12,762	55%	4,321	53%
Black	18%	7,808	34%	2,533	31%
Asian	7%	567	2%	214	3%
Other Race	1%	250	1%	69	1%
Two or More Races	5%	574	2%	266	3%
Hispanic	10%	1,125	5%	700	9%
<b>Total</b>	<b>100%</b>	<b>23,086</b>	<b>100%</b>	<b>8,103</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 95%  
% Under 40 Female: 95%

**Age**

Median Age: 46  
% Under 40: 35%  
% 55 and Over: 28%

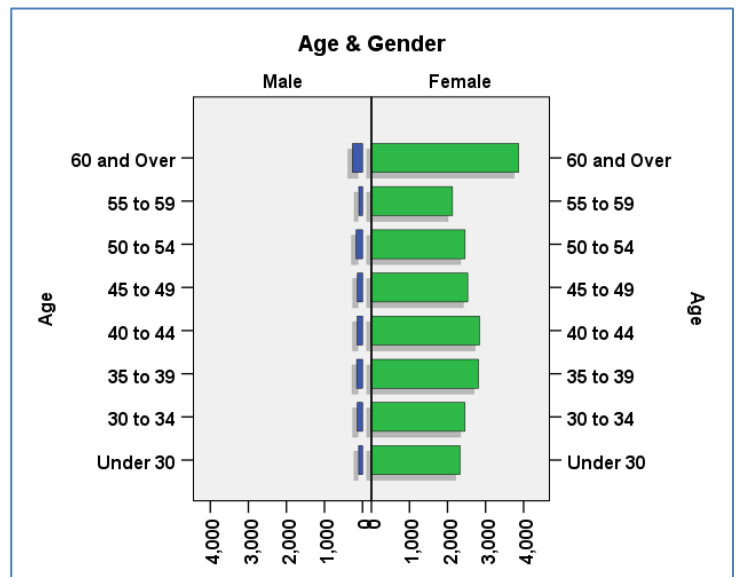
**Diversity**

Diversity Index: 58%  
Under 40 Div. Index: 61%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 58% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.

More than one-third of all LPNs are under the age of 40. Among LPNs who are under the age of 40, 95% are female. In addition, the diversity index among LPNs who are under the age of 40 is 61%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 21%  
 Rural Childhood: 48%

### Virginia Background

HS in Virginia: 72%  
 Prof. Edu. in VA: 87%  
 HS or Prof. Edu. in VA: 89%

### Location Choice

% Rural to Non-Metro: 33%  
 % Urban/Suburban to Non-Metro: 7%

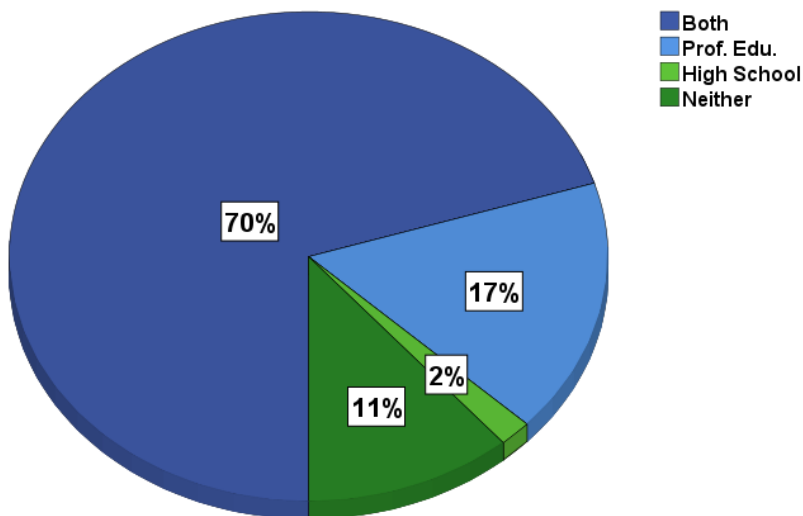
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	29%	42%	29%
2	Metro, 250,000 to 1 Million	63%	22%	15%
3	Metro, 250,000 or Less	71%	22%	8%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	68%	17%	15%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	13%	7%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	88%	8%	4%
8	Rural, Metro Adjacent	87%	9%	4%
9	Rural, Non-Adjacent	74%	15%	11%
<b>Overall</b>		<b>48%</b>	<b>32%</b>	<b>21%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in a self-described rural area, and 33% of LPNs who grew up in a rural area currently work in a non-metro county. In total, 19% of all LPNs currently work in a non-metro county.

## Top Ten States for Licensed Practical Nurse Recruitment

Rank	All Licenced Practical Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,434	Virginia	19,780
2	Outside U.S./Canada	1,570	New York	408
3	New York	803	Pennsylvania	297
4	Pennsylvania	459	Texas	212
5	North Carolina	319	West Virginia	207
6	New Jersey	315	New Jersey	194
7	West Virginia	298	California	165
8	California	252	Florida	162
9	Florida	231	Washington, D.C.	150
10	Maryland	221	North Carolina	136

Source: Va. Healthcare Workforce Data Center

*Among all LPNs, 72% received their high school degree in Virginia, and 87% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,719	Virginia	3,425
2	Outside U.S./Canada	417	New York	101
3	New York	181	Pennsylvania	86
4	Pennsylvania	99	California	79
5	California	77	Texas	50
6	North Carolina	73	New Jersey	42
7	New Jersey	50	North Carolina	39
8	Maryland	48	Outside U.S./Canada	36
9	Florida	43	Ohio	33
10	Texas	41	West Virginia	30

Source: Va. Healthcare Workforce Data Center

*Among LPNs who have obtained their license in the past five years, 66% received their high school degree in Virginia, and 83% received their initial professional degree in the state.*

*Among all licensees, 10% did not participate in Virginia's LPN workforce during the past year. More than three out of every five of these licensees worked at some point in the past year, including 54% who currently work in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	2,839
% of Licensees:	10%
Federal/Military:	6%
VA Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	21,374	94%
Hospital RN Diploma	37	0%
Associate Degree	1,116	5%
Baccalaureate Degree	160	1%
Master's Degree	14	0%
Doctorate Degree	3	0%
<b>Total</b>	<b>22,704</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 94% have a LPN/LVN diploma or certificate as their highest professional degree. More than two out of every five LPNs carry education debt, including 62% of those LPNs who are under the age of 40. The median debt amount among those LPNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	2,926	13%
No	19,655	87%
<b>Total</b>	<b>22,580</b>	<b>100%</b>
Degree Pursued	#	%
Associate	1,958	69%
Baccalaureate	740	26%
Masters	94	3%
Doctorate	30	1%
<b>Total</b>	<b>2,822</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 LPN Diploma/Cert.: 94%  
 Associate: 5%

**Education Debt**  
 Carry Debt: 45%  
 Under Age 40 w/ Debt: 62%  
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	10,240	55%	2,560	38%
Less than \$10,000	1,571	8%	775	12%
\$10,000-\$19,999	1,538	8%	808	12%
\$20,000-\$29,999	1,594	9%	836	13%
\$30,000-\$39,999	1,069	6%	559	8%
\$40,000-\$49,999	787	4%	407	6%
\$50,000-\$59,999	600	3%	289	4%
\$60,000-\$69,999	401	2%	173	3%
\$70,000-\$79,999	299	2%	125	2%
\$80,000-\$89,999	232	1%	73	1%
\$90,000-\$99,999	105	1%	31	0%
\$100,000-\$109,999	125	1%	22	0%
\$110,000-\$119,999	41	0%	5	0%
\$120,000 or More	83	0%	10	0%
<b>Total</b>	<b>18,685</b>	<b>100%</b>	<b>6,673</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

LTC/Assisted Living:	15%
Geriatrics/Gerontology:	12%
Pediatrics:	6%

### Secondary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	10%
Pediatrics:	5%

### Licenses

Registered Nurse:	2%
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Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,273	15%	2,418	14%
Geriatrics/Gerontology	2,661	12%	1,815	10%
Pediatrics	1,427	6%	858	5%
Family Health	1,255	6%	705	4%
Psychiatric/Mental Health	681	3%	507	3%
Acute/Critical Care/Emergency/Trauma	600	3%	558	3%
Adult Health	443	2%	591	3%
Community Health/Public Health	331	2%	311	2%
Women's Health/Gynecology	303	1%	224	1%
Cardiology	264	1%	213	1%
Hospital/Float	256	1%	260	1%
Rehabilitation	248	1%	424	2%
Student Health	241	1%	107	1%
Administration/Management	232	1%	530	3%
Surgery/OR/Pre-, Peri- or Post-Operative	232	1%	184	1%
Case Management	208	1%	202	1%
General Nursing/No Specialty	6,310	29%	5,625	32%
Other Specialty Area	2,794	13%	2,134	12%
Medical Specialties (Not Listed)	275	1%	168	1%
<b>Total</b>	<b>22,031</b>	<b>100%</b>	<b>17,834</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 15% have a primary specialty in long-term care/assisted living/nursing homes. Another 12% of LPNs have a primary specialty in geriatrics/gerontology.

In addition to being licensed as an LPN, 2% of LPNs also hold a license as a Registered Nurse.

## Other Licenses

License	#	% of Workforce
Registered Nurse	402	2%
Certified Massage Therapist	52	0%
Licensed Nurse Practitioner	39	0%
Respiratory Therapist	12	0%
Clinical Nurse Specialist	9	0%
Certified Nurse Midwife	8	0%

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Military Service		
Service?	#	%
<b>Yes</b>	1,211	6%
<b>No</b>	20,606	94%
<b>Total</b>	<b>21,817</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
<b>Army</b>	621	53%
<b>Navy/Marine</b>	419	36%
<b>Air Force</b>	104	9%
<b>Other</b>	27	2%
<b>Total</b>	<b>1,171</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Military Service**

% Who Served: 6%

**Branch of Service**

Army: 53%

Navy/Marines: 36%

Air Force: 9%

**Occupation**

Army Health Care Spec.: 15%

Navy Basic Med. Tech.: 7%

Air Force Basic Med. Tech.: 4%

Source: Va. Healthcare Workforce Data Center

*In total, 6% of Virginia's LPN workforce has served in the military. More than half of these LPNs served in the Army, including 15% who worked as Army Health Care Specialists (68W Army Medic).*

Military Occupation		
Occupation	#	%
<b>Army Health Care Specialist (68W Army Medic)</b>	170	15%
<b>Navy Basic Medical Technician (Navy HM0000)</b>	75	7%
<b>Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)</b>	46	4%
<b>Air Force Independent Duty Medical Technician (IDMT 4NOX1C)</b>	3	0%
<b>Other</b>	824	74%
<b>Total</b>	<b>1,117</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 89%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 69%  
 2 or More Positions: 12%

### Weekly Hours

40 to 49: 52%  
 60 or More: 6%  
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	36	< 1%
Employed in a Nursing-Related Capacity	20,059	89%
Employed, NOT in a Nursing-Related Capacity	917	4%
Not Working, Reason Unknown	7	< 1%
Involuntarily Unemployed	110	1%
Voluntarily Unemployed	954	4%
Retired	421	2%
<b>Total</b>	<b>22,505</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all LPNs, 89% are currently employed in the profession, 69% hold one full-time job, and 52% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	1,492	7%
1 to 9 Hours	315	1%
10 to 19 Hours	658	3%
20 to 29 Hours	1,237	6%
30 to 39 Hours	4,036	19%
40 to 49 Hours	11,305	52%
50 to 59 Hours	1,338	6%
60 to 69 Hours	636	3%
70 to 79 Hours	214	1%
80 or More Hours	486	2%
<b>Total</b>	<b>21,717</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,492	7%
One Part-Time Position	2,755	12%
Two Part-Time Positions	468	2%
One Full-Time Position	15,205	69%
One Full-Time Position & One Part-Time Position	1,903	9%
Two Full-Time Positions	141	1%
More than Two Positions	157	1%
<b>Total</b>	<b>22,121</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	210	1%
Less than \$20,000	714	4%
\$20,000-\$29,999	758	5%
\$30,000-\$39,999	1,824	11%
\$40,000-\$49,999	3,444	21%
\$50,000-\$59,999	3,938	24%
\$60,000-\$69,999	2,671	16%
\$70,000-\$79,999	1,553	9%
\$80,000-\$89,999	828	5%
\$90,000-\$99,999	357	2%
\$100,000 or More	468	3%
<b>Total</b>	<b>16,765</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$50k-\$60k

**Benefits**  
Health Insurance: 56%  
Retirement: 52%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	13,697	64%
Somewhat Satisfied	6,601	31%
Somewhat Dissatisfied	912	4%
Very Dissatisfied	315	2%
<b>Total</b>	<b>21,525</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical LPN earns between \$50,000 and \$60,000 per year. In addition, nearly three out of every four LPNs receive at least one employer-sponsored benefit, including 56% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	11,805	59%	60%
Health Insurance	11,172	56%	56%
Dental Insurance	11,032	55%	55%
Retirement	10,395	52%	52%
Group Life Insurance	7,820	39%	40%
Signing/Retention Bonus	2,274	11%	12%
<b>At Least One Benefit</b>	<b>14,670</b>	<b>73%</b>	<b>73%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	277	1%
Experience Voluntary Unemployment?	1,535	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	974	4%
Work Two or More Positions at the Same Time?	3,992	15%
Switch Employers or Practices?	2,243	8%
Experience at Least One?	<b>7,729</b>	<b>29%</b>

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	643	3%	390	8%
Less than 6 Months	1,915	9%	782	16%
6 Months to 1 Year	2,662	13%	844	17%
1 to 2 Years	4,641	22%	1,048	21%
3 to 5 Years	4,112	20%	853	17%
6 to 10 Years	2,927	14%	468	10%
More than 10 Years	3,833	18%	506	10%
Subtotal	<b>20,734</b>	<b>100%</b>	<b>4,892</b>	<b>100%</b>
Did Not Have Location	1,250		21,262	
Item Missing	4,547		377	
Total	<b>26,531</b>		<b>26,531</b>	

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs receive an hourly wage at their primary work location, while 15% are salaried employees.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 4%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 30%  
Over 2 Years: 52%  
Over 2 Yrs., 2<sup>nd</sup> Location: 37%

**Employment Type**

Hourly Wage: 81%  
Salary: 15%

Source: Va. Healthcare Workforce Data Center

More than half of all LPNs have worked at their primary work location for more than two years.

**Employment Type**

Primary Work Site	#	%
Salary	2,076	15%
Hourly Wage	11,424	81%
By Contract/Per Diem	495	3%
Business/Contractor Income	65	0%
Unpaid	87	1%
Subtotal	<b>14,147</b>	<b>100%</b>
Did Not Have Location	1,250	
Item Missing	11,133	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for September 2023 was still preliminary.

## At a Glance:

### Concentration

Top Region:	24%
Top 3 Regions:	61%
Lowest Region:	2%

### Locations

2 or More (Past Year):	24%
2 or More (Now*):	21%

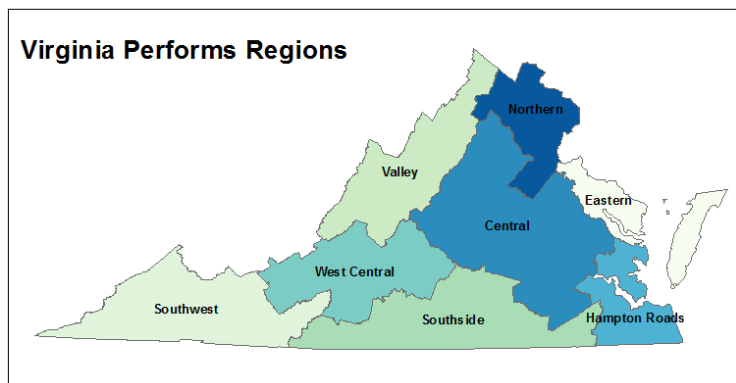
Source: Va. Healthcare Workforce Data Center

More than three out of every five LPNs work in Hampton Roads, Central Virginia, or Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	4,315	21%	956	19%
Eastern	498	2%	155	3%
Hampton Roads	4,826	24%	1,149	23%
Northern	3,324	16%	899	18%
Southside	1,456	7%	338	7%
Southwest	1,817	9%	342	7%
Valley	1,415	7%	307	6%
West Central	2,649	13%	671	13%
Virginia Border State/D.C.	59	0%	35	1%
Other U.S. State	82	0%	153	3%
Outside of the U.S.	0	0%	11	0%
<b>Total</b>	<b>20,441</b>	<b>100%</b>	<b>5,016</b>	<b>100%</b>
Item Missing	4,839		254	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all LPNs, 21% currently have multiple work locations, while 24% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	981	5%	1,474	7%
1	15,451	71%	15,585	72%
2	3,071	14%	2,993	14%
3	1,771	8%	1,462	7%
4	127	1%	35	0%
5	83	0%	42	0%
6 or More	167	1%	59	0%
<b>Total</b>	<b>21,650</b>	<b>100%</b>	<b>21,650</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2022-Sept. 2023, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	11,478	60%	3,010	67%
<b>Non-Profit</b>	4,162	22%	753	17%
<b>State/Local Government</b>	2,672	14%	565	13%
<b>Veteran's Administration</b>	396	2%	28	1%
<b>U.S. Military</b>	295	2%	38	1%
<b>Other Federal Government</b>	259	1%	68	2%
<b>Total</b>	<b>19,262</b>	<b>100%</b>	<b>4,462</b>	<b>100%</b>
<b>Did Not Have Location</b>	1,250		21,262	
<b>Item Missing</b>	6,019		808	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

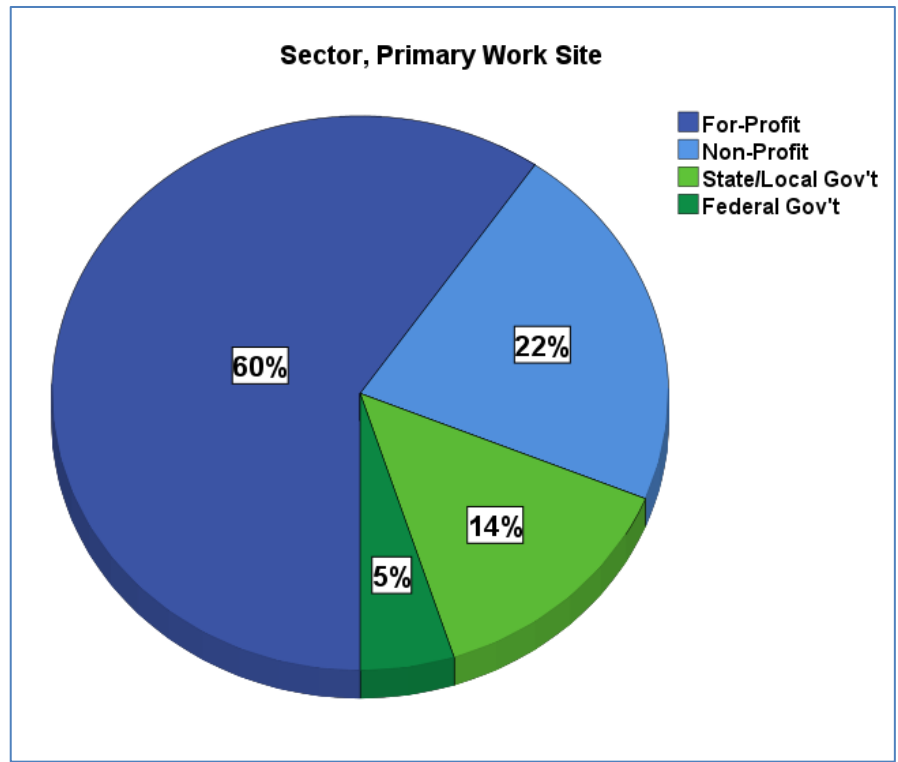
For-Profit:	60%
Federal:	5%

**Top Establishments**

LTC/Nursing Home:	28%
Clinic, Primary Care:	12%
Home Health Care:	11%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs work in the private sector, including 60% who work in the for-profit sector.



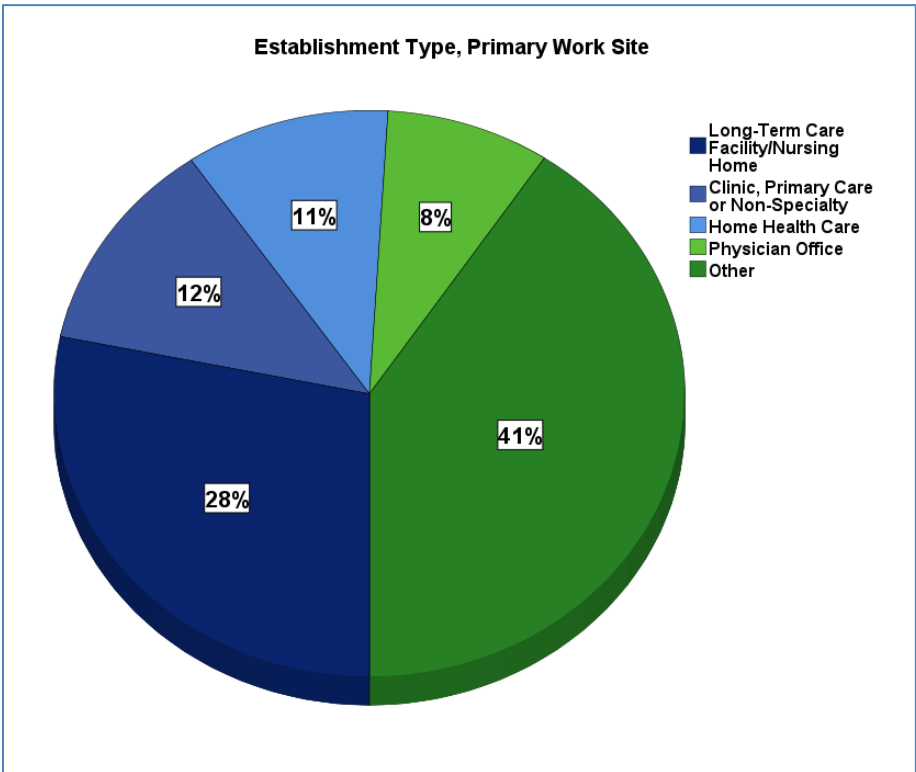
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Long-Term Care Facility/Nursing Home	5,322	28%	1,552	36%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	2,298	12%	313	7%
Home Health Care	1,979	11%	666	16%
Physician Office	1,585	8%	198	5%
Hospital, Inpatient Department	1,068	6%	181	4%
Corrections/Jail	732	4%	207	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	671	4%	135	3%
Rehabilitation Facility	602	3%	148	3%
School (Providing Care to Students)	567	3%	71	2%
Hospital, Outpatient Department	477	3%	29	1%
Other Practice Setting	3,542	19%	796	19%
<b>Total</b>	<b>18,843</b>	<b>100%</b>	<b>4,296</b>	<b>100%</b>
Did Not Have a Location	1,250		21,262	

More than one-quarter of all LPNs work at a long-term care facility or nursing home, while another 12% work at either a primary care or non-specialty clinic.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 36% work at a long-term care facility or nursing home, while 16% work at a home health care establishment.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	11%
Chinese:	5%
French:	5%

### Means of Communication

Virtual Translation:	57%
Other Staff Member:	29%
Onsite Translation:	24%

Source: Va. Healthcare Workforce Data Center

*Among all LPNs, 11% are employed at a primary work location that offers Spanish language services for patients.*

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	2,989	11%
Chinese	1,299	5%
French	1,277	5%
Arabic	1,254	5%
Korean	1,167	4%
Vietnamese	1,116	4%
Tagalog/Filipino	1,100	4%
Hindi	1,068	4%
Persian	901	3%
Amharic, Somali, or Other Afro-Asiatic Languages	861	3%
Pashto	819	3%
Urdu	823	3%
Others	620	2%
<b>At Least One Language</b>	<b>3,561</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly three out of every five LPNs are employed at a primary work location that offers language services by means of a virtual translation service.*

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	2,030	57%
Other Staff Member is Proficient	1,044	29%
Onsite Translation Service	862	24%
Respondent is Proficient	509	14%
Other	235	7%

Source: Va. Healthcare Workforce Data Center



## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%

### Roles

Patient Care: 66%

Administrative: 7%

Supervisory: 4%

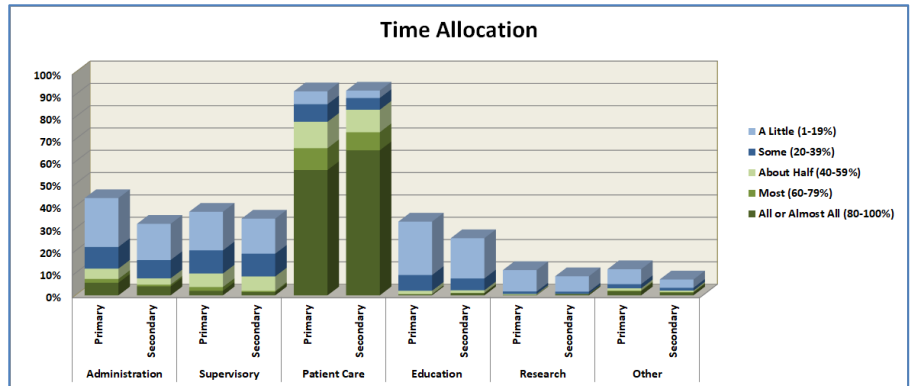
### Patient Care LPNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



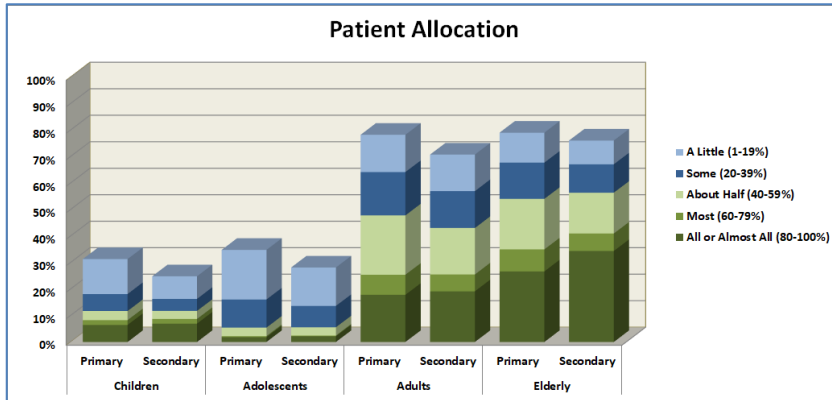
Source: Va. Healthcare Workforce Data Center

*LPNs typically spend most of their time on patient care activities. Two-thirds of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	6%	4%	2%	1%	56%	65%	0%	1%	0%	0%	2%	1%
<b>Most (60-79%)</b>	2%	1%	2%	0%	10%	8%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	5%	3%	6%	7%	12%	10%	2%	1%	0%	0%	1%	1%
<b>Some (20-39%)</b>	10%	8%	10%	10%	8%	5%	7%	5%	1%	1%	2%	1%
<b>A Little (1-19%)</b>	22%	16%	17%	16%	6%	3%	24%	18%	10%	7%	7%	4%
<b>None (0%)</b>	56%	68%	63%	66%	9%	8%	67%	74%	89%	91%	88%	93%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

*LPNs typically devote most of their time to treating adults and the elderly. More than one-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly.*

**At a Glance:  
(Primary Locations)**

**Typical Patient Allocation**

Children: 0%  
 Adolescents: 0%  
 Adults: 30%-39%  
 Elderly: 40%-49%

**Roles**

Children: 8%  
 Adolescents: 2%  
 Adults: 25%  
 Elderly: 35%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	6%	7%	2%	2%	18%	19%	27%	34%
<b>Most (60-79%)</b>	2%	2%	0%	0%	8%	6%	8%	7%
<b>About Half (40-59%)</b>	3%	3%	3%	3%	22%	18%	19%	15%
<b>Some (20-39%)</b>	6%	5%	11%	8%	16%	14%	14%	11%
<b>A Little (1-19%)</b>	13%	9%	19%	14%	14%	14%	11%	9%
<b>None (0%)</b>	69%	75%	65%	72%	22%	29%	21%	24%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	513	3%	-	-
<b>50 to 54</b>	618	3%	34	0%
<b>55 to 59</b>	1,031	6%	213	3%
<b>60 to 64</b>	4,073	23%	1,501	21%
<b>65 to 69</b>	7,074	39%	3,120	45%
<b>70 to 74</b>	2,431	13%	1,154	17%
<b>75 to 79</b>	671	4%	345	5%
<b>80 or Over</b>	309	2%	107	2%
<b>I Do Not Intend to Retire</b>	1,320	7%	517	7%
<b>Total</b>	<b>18,040</b>	<b>100%</b>	<b>6,991</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All LPNs**

Under 65: 35%  
Under 60: 12%

**LPNs 50 and Over**

Under 65: 25%  
Under 60: 4%

**Time Until Retirement**

Within 2 Years: 7%  
Within 10 Years: 21%  
Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

*Among all LPNs, 35% expect to retire by the age of 65.  
Among LPNs who are age 50 and over, one-quarter expect to retire by the age of 65.*

*Within the next two years, 25% of LPNs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.*

**Future Plans**

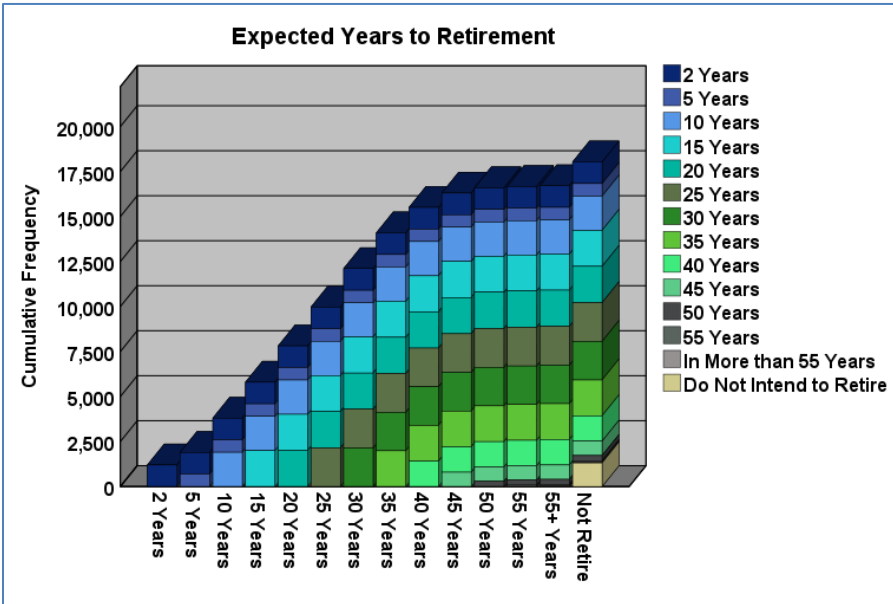
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	610	2%
<b>Leave Virginia</b>	835	3%
<b>Decrease Patient Care Hours</b>	1,675	6%
<b>Decrease Teaching Hours</b>	40	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	2,538	10%
<b>Increase Teaching Hours</b>	450	2%
<b>Pursue Additional Education</b>	6,676	25%
<b>Return to the Workforce</b>	489	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 7% of LPNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
<b>2 Years</b>	1,204	7%	7%
<b>5 Years</b>	696	4%	11%
<b>10 Years</b>	1,904	11%	21%
<b>15 Years</b>	1,999	11%	32%
<b>20 Years</b>	2,017	11%	43%
<b>25 Years</b>	2,152	12%	55%
<b>30 Years</b>	2,142	12%	67%
<b>35 Years</b>	1,987	11%	78%
<b>40 Years</b>	1,413	8%	86%
<b>45 Years</b>	797	4%	90%
<b>50 Years</b>	289	2%	92%
<b>55 Years</b>	73	0%	92%
<b>In More than 55 Years</b>	46	0%	93%
<b>Do Not Intend to Retire</b>	1,320	7%	100%
<b>Total</b>	<b>18,039</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2033. Retirement will peak at 12% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### FTEs

Total: 22,955  
 FTEs/1,000 Residents<sup>2</sup>: 2.64  
 Average: 0.91

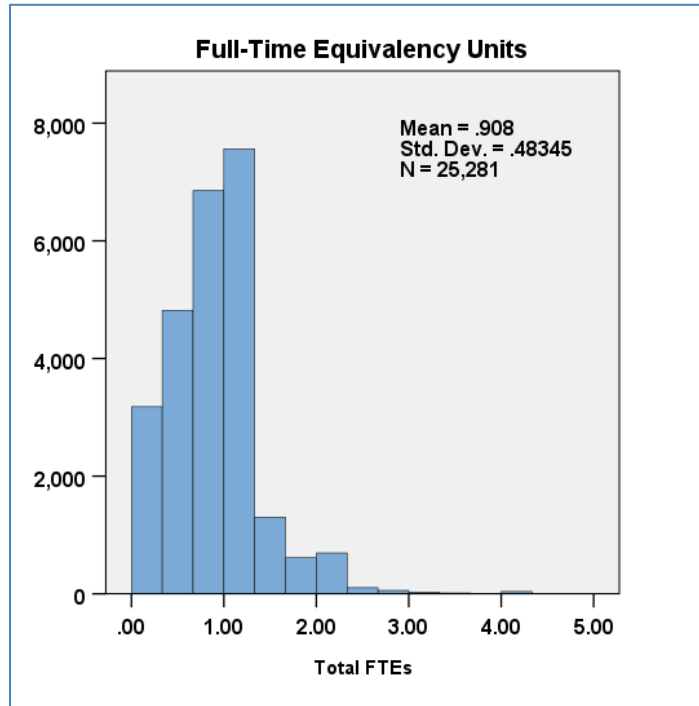
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Negligible  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

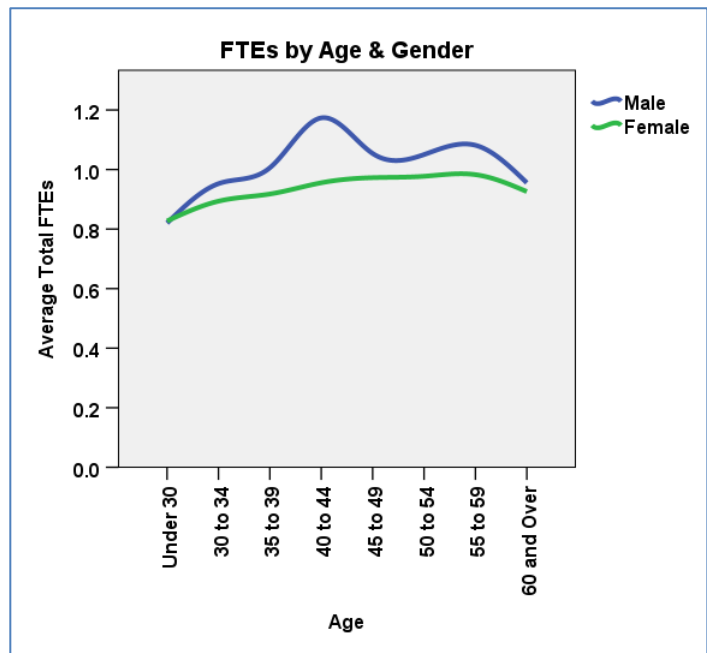


Source: Va. Healthcare Workforce Data Center

The typical (median) LPN provided 0.94 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.81	0.84
30 to 34	0.86	0.92
35 to 39	0.89	0.92
40 to 44	0.96	0.94
45 to 49	0.94	0.94
50 to 54	0.97	0.94
55 to 59	0.98	0.94
60 and Over	0.87	0.76
Gender		
Male	1.01	1.03
Female	0.93	0.96

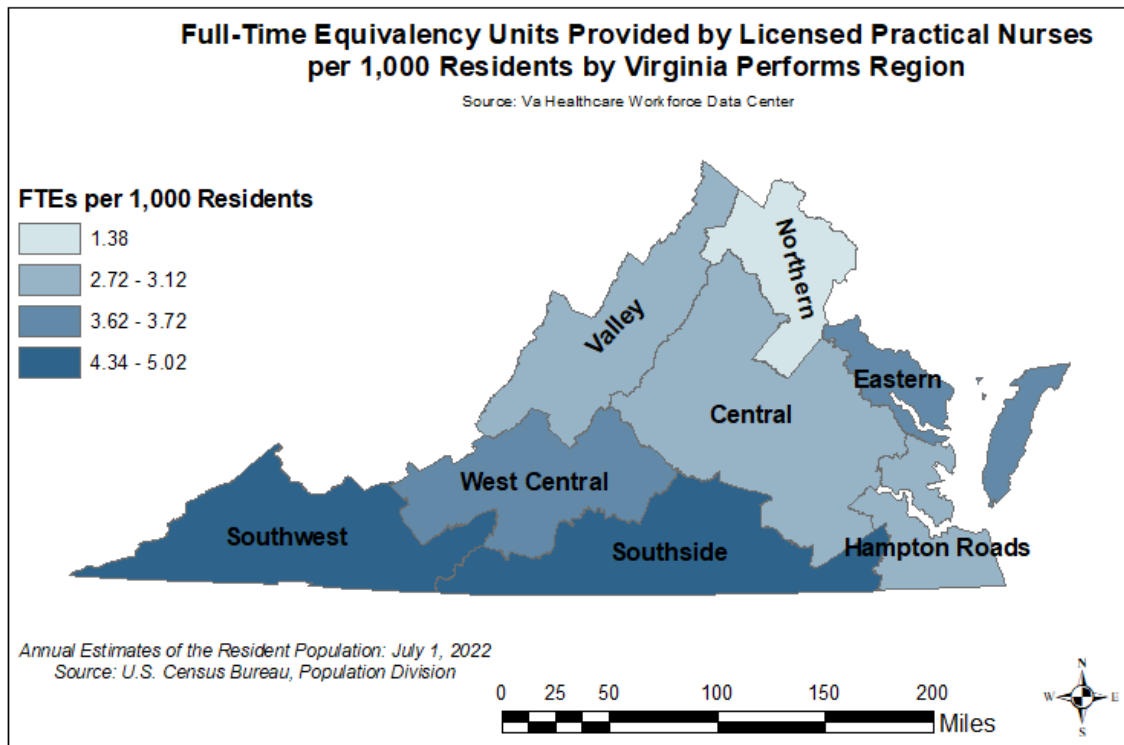
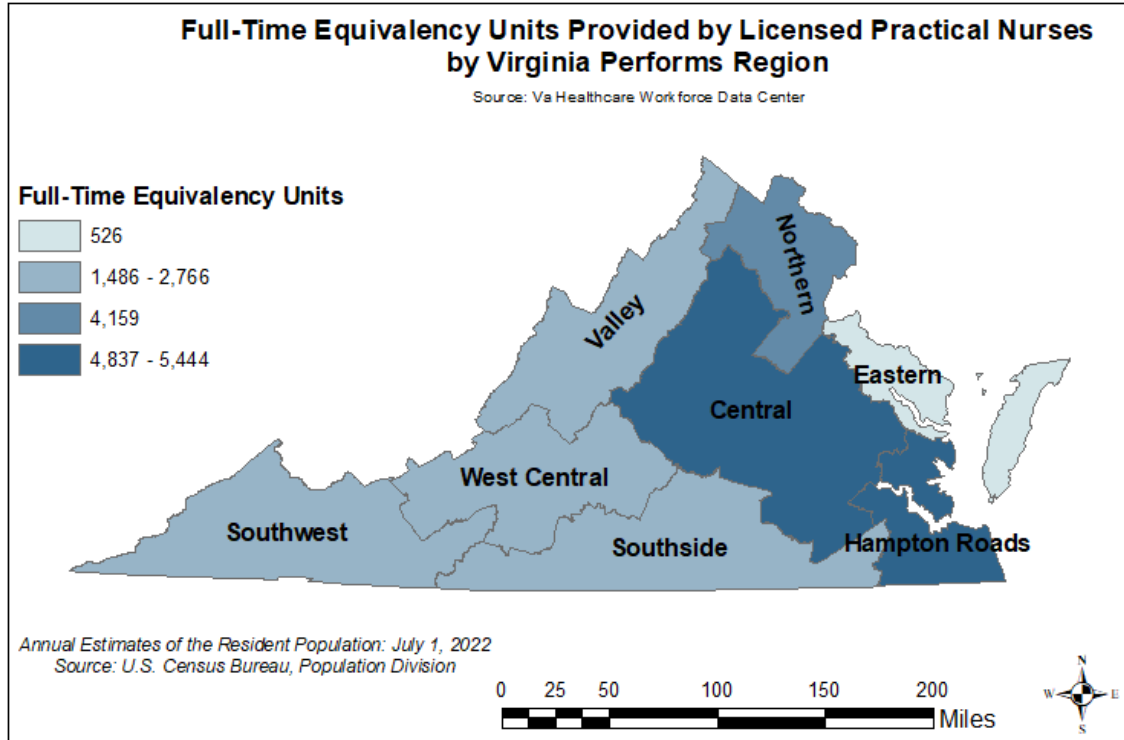
Source: Va. Healthcare Workforce Data Center

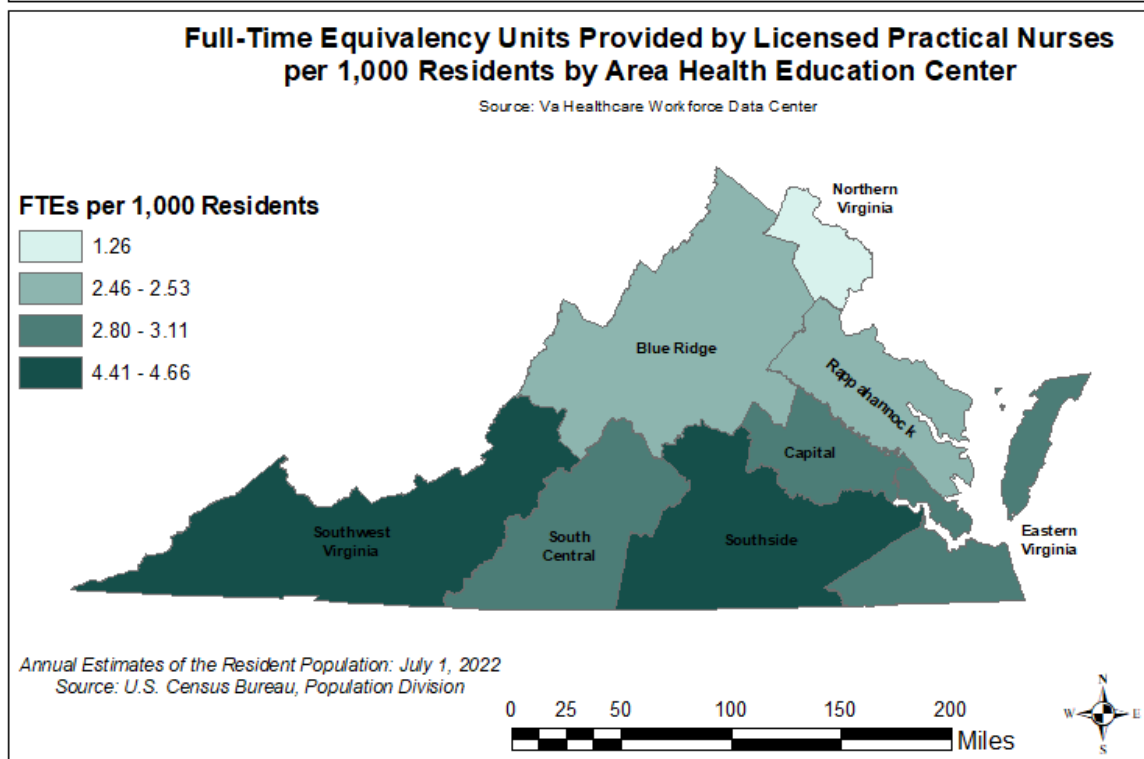
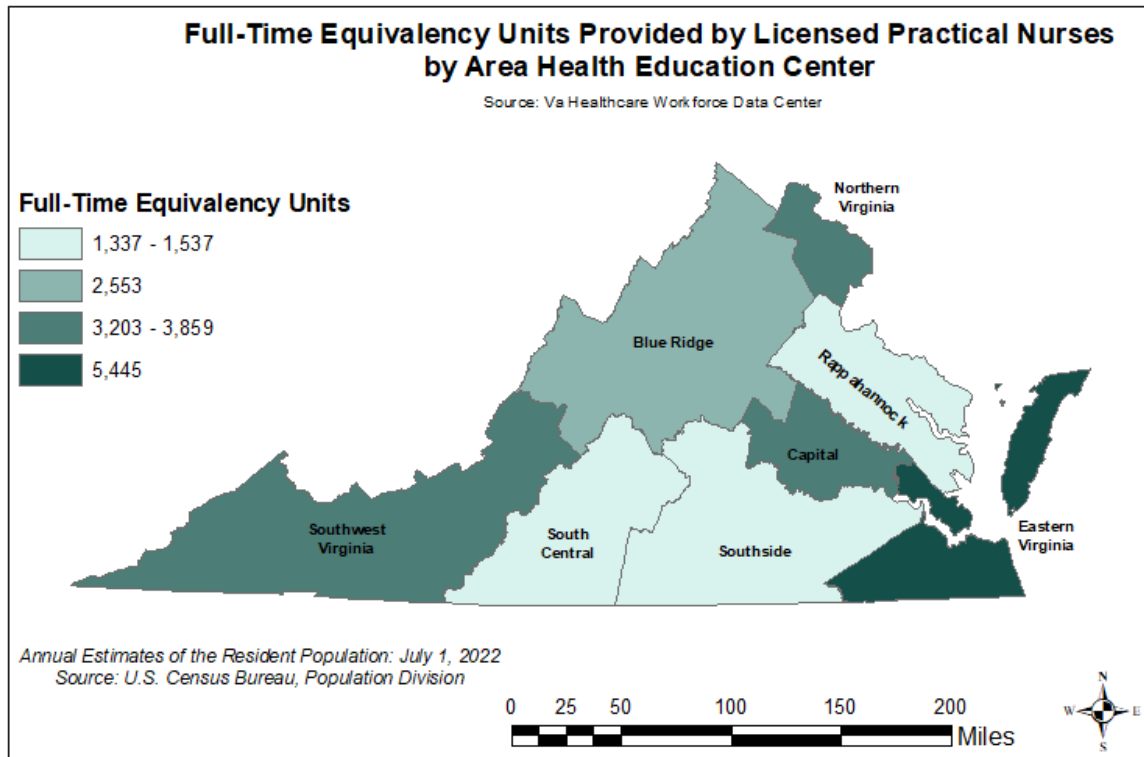


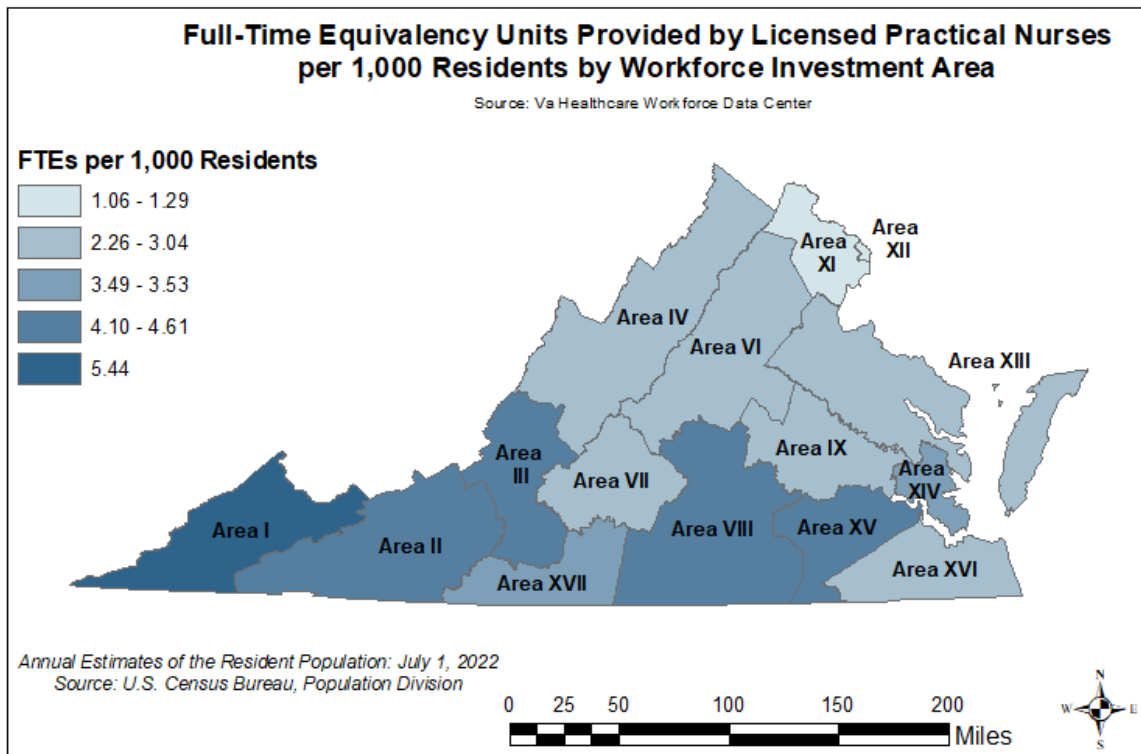
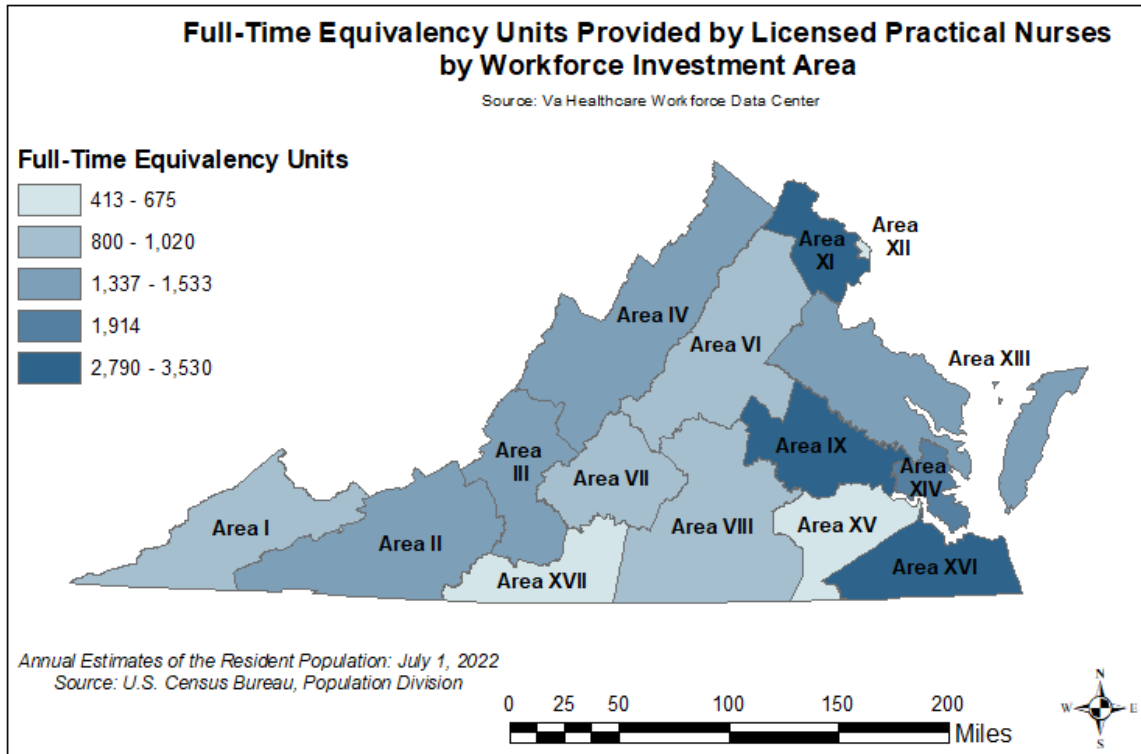
Source: Va. Healthcare Workforce Data Center

<sup>2</sup> Number of residents in 2022 was used as the denominator.

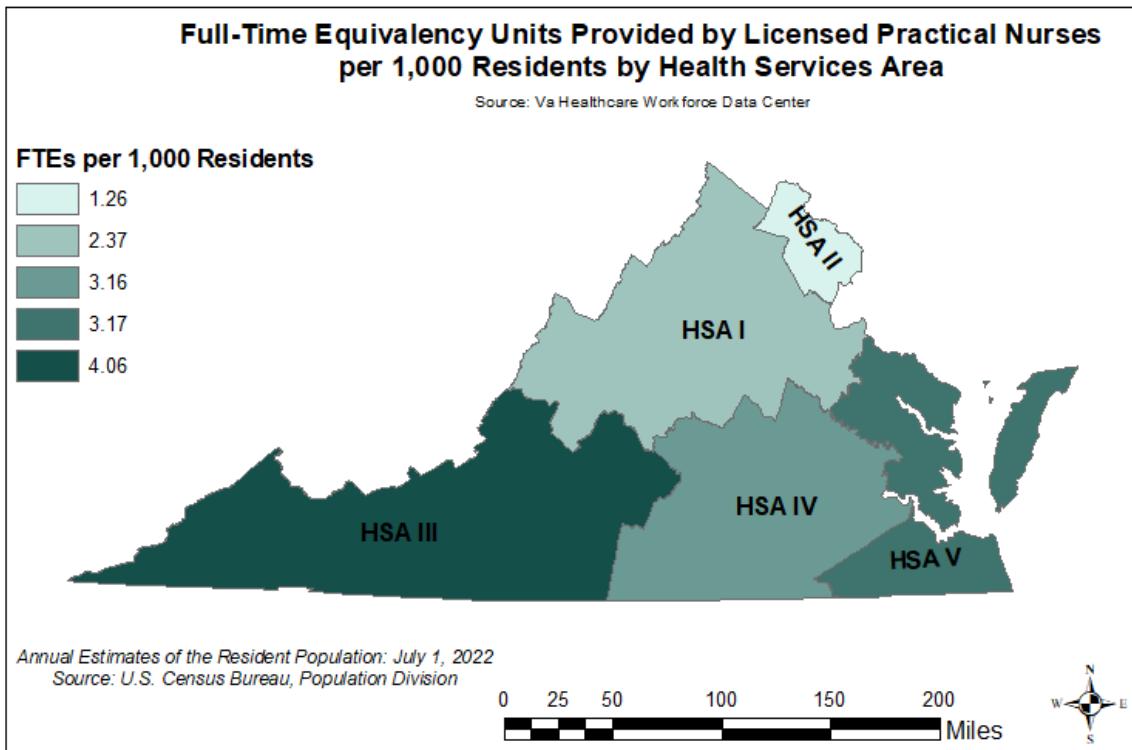
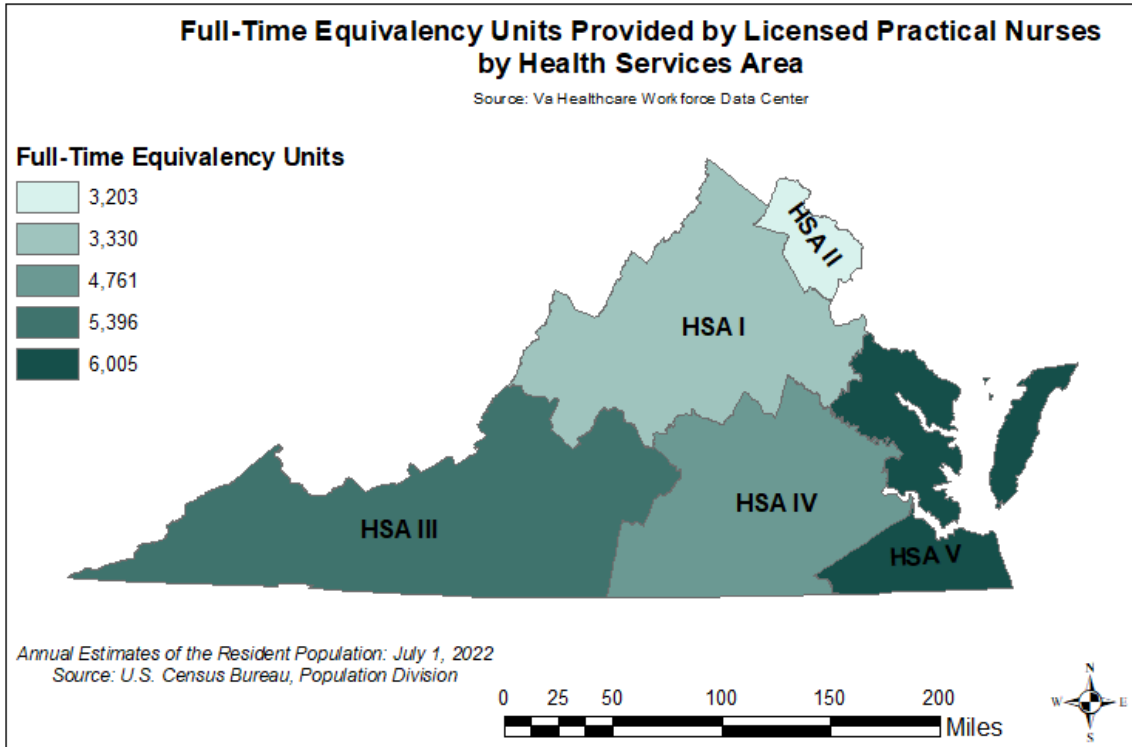
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

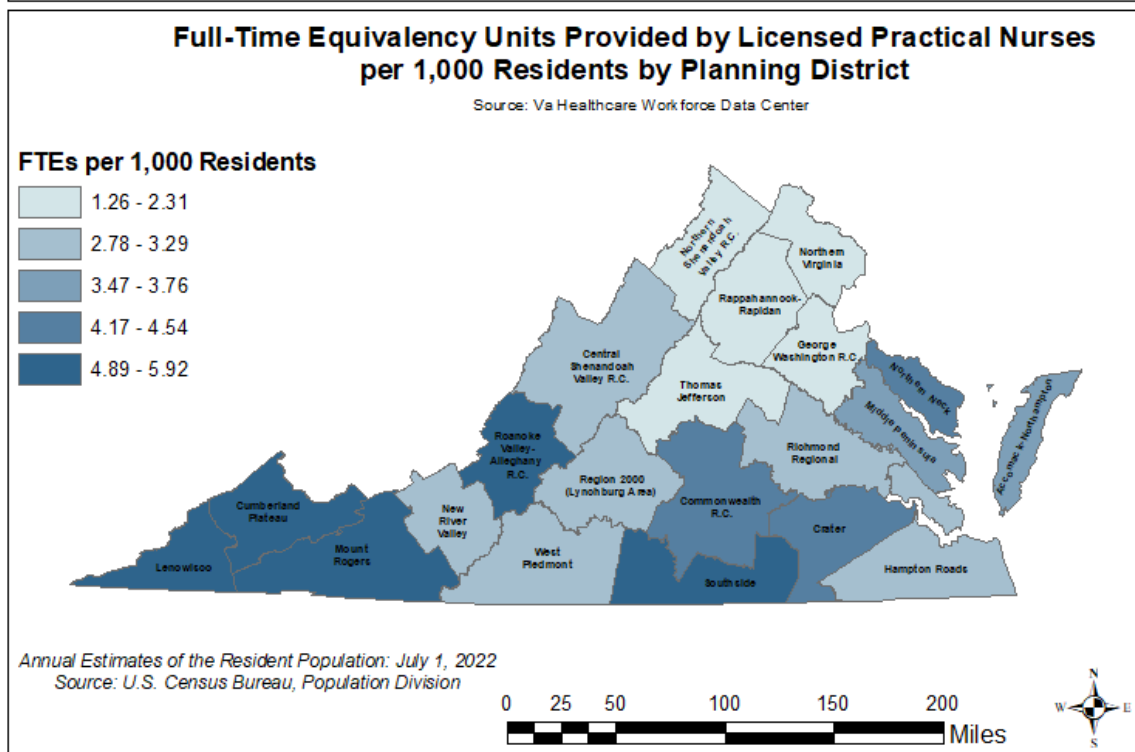
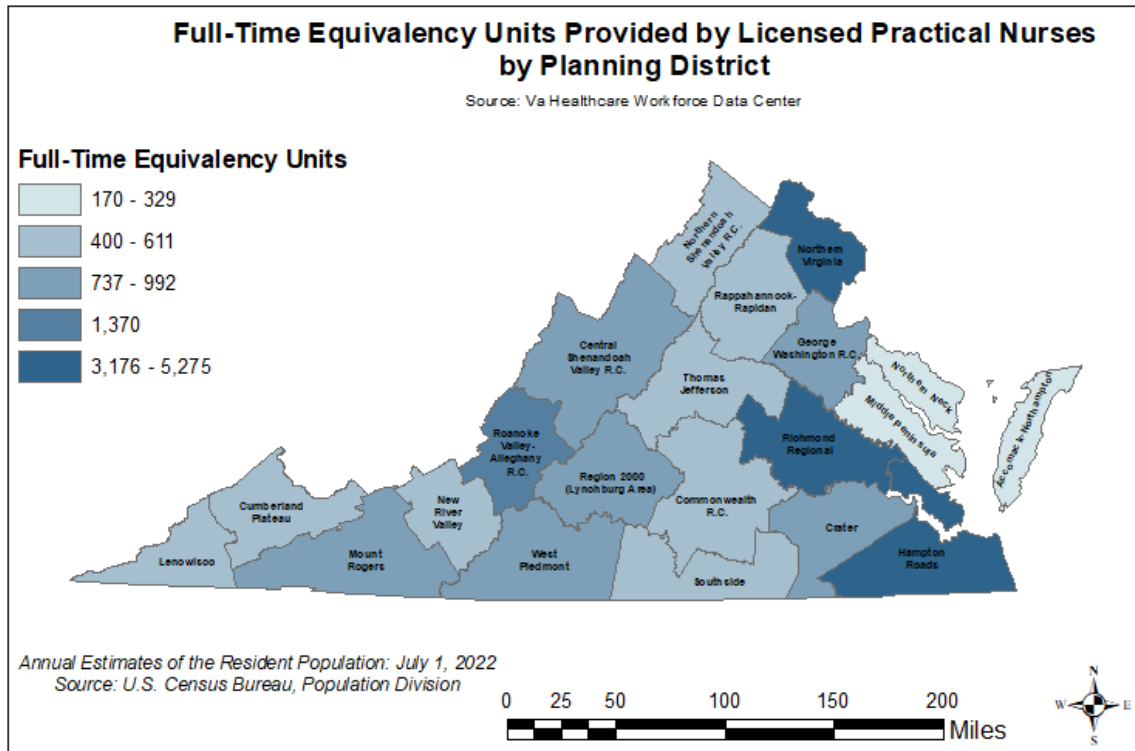












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	16,307	38.90%	2.571	2.097	3.809
<b>Metro, 250,000 to 1 Million</b>	2,829	41.43%	2.414	1.969	3.577
<b>Metro, 250,000 or Less</b>	2,454	42.09%	2.376	1.938	3.520
<b>Urban, Pop. 20,000+, Metro Adj.</b>	823	41.80%	2.392	1.952	3.545
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	2,008	40.54%	2.467	2.012	3.655
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	1,563	41.27%	2.423	1.977	3.591
<b>Rural, Metro Adj.</b>	1,168	40.92%	2.444	1.993	3.621
<b>Rural, Non-Adj.</b>	675	37.63%	2.657	2.168	3.938
<b>Virginia Border State/D.C.</b>	508	38.98%	2.566	2.093	3.802
<b>Other U.S. State</b>	1,041	31.51%	3.174	2.589	4.703

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	2,801	26.67%	3.750	3.520	4.703
<b>30 to 34</b>	3,059	40.86%	2.447	2.297	3.069
<b>35 to 39</b>	3,615	34.27%	2.918	2.739	3.659
<b>40 to 44</b>	3,684	45.14%	2.215	2.080	2.778
<b>45 to 49</b>	3,385	38.29%	2.612	2.452	3.276
<b>50 to 54</b>	3,462	48.44%	2.064	1.938	2.589
<b>55 to 59</b>	3,055	38.89%	2.572	2.414	3.225
<b>60 and Over</b>	6,316	40.36%	2.478	2.326	3.108

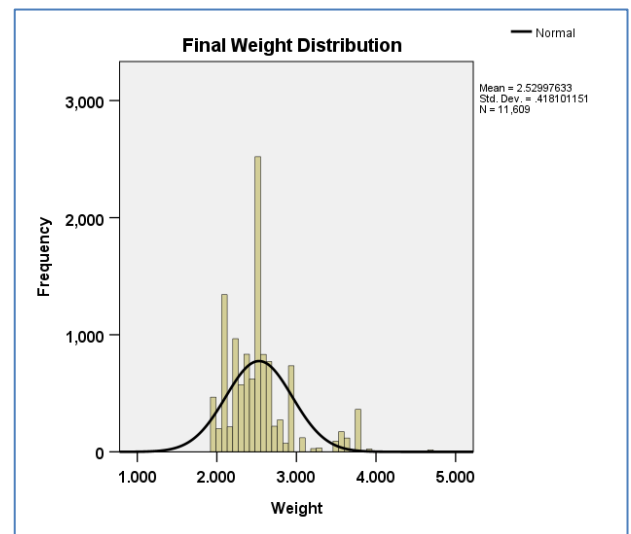
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HHealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.395173**



Source: Va. Healthcare Workforce Data Center

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# *Virginia's Registered Nurse Workforce: 2023*

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Healthcare Workforce Data Center

November 2023

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*Nearly 51,000 Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

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## The Registered Nurse Workforce At a Glance:

### The Workforce

Licensees: 127,905  
Virginia's Workforce: 107,355  
FTEs: 88,683

### Background

Rural Childhood: 36%  
HS Degree in VA: 59%  
Prof. Degree in VA: 69%

### Current Employment

Employed in Prof.: 90%  
Hold 1 Full-Time Job: 68%  
Satisfied?: 93%

### Survey Response Rate

All Licensees: 40%  
Renewing Practitioners: 96%

### Education

Baccalaureate: 51%  
Associate: 25%

### Job Turnover

Switched Jobs: 9%  
Employed Over 2 Yrs.: 57%

### Demographics

Female: 92%  
Diversity Index: 45%  
Median Age: 44

### Finances

Median Income: \$80k-\$90k  
Health Insurance: 63%  
Under 40 w/ Ed. Debt: 59%

### Time Allocation

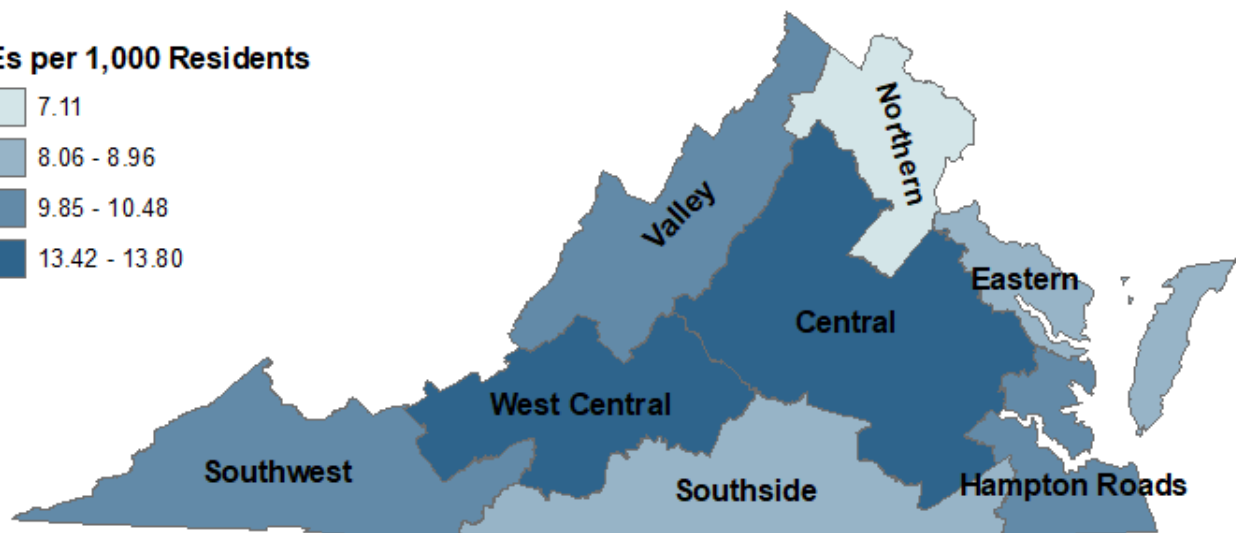
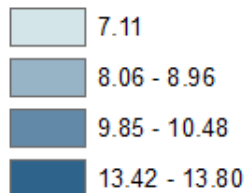
Patient Care: 80%-89%  
Patient Care Role: 67%  
Admin. Role: 7%

Source: Va. Healthcare Workforce Data Center

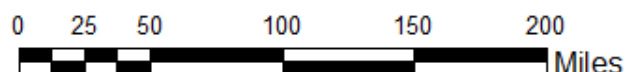
## Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022  
Source: U.S. Census Bureau, Population Division





This report contains the results of the 2023 Registered Nurse (RN) survey. Nearly 51,000 RNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 40% of the 127,905 RNs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 107,355 RNs participated in Virginia's workforce during the survey period, which is defined as those RNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 88,683 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than nine out of every ten RNs are female, and the median age of this workforce is 44. In a random encounter between two RNs, there is a 45% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among RNs who are under the age of 40, this diversity index increases to 47%. This makes Virginia's RN workforce less diverse than the state's overall population, which has a diversity index of 60%. More than one-third of all RNs grew up in a rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all RNs work in a non-metro area of the state. In addition, 7% of Virginia's RNs have served in the military.

Among all RNs, 90% are currently employed in the profession, 68% hold one full-time job, and 41% work between 40 and 49 hours per week. More than four out of every five RNs are employed in the private sector, including 45% who work in the non-profit sector. The median annual income for Virginia's RN workforce is between \$80,000 and \$90,000. In addition, four out of every five RNs receive at least one employer-sponsored benefit, including 63% who have access to health insurance. More than nine out of every ten RNs indicated that they are satisfied with their current employment situation, including 55% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2013 RN workforce. The number of licensed RNs in Virginia has increased by 28% (127,905 vs. 99,901). In addition, the size of Virginia's RN workforce has increased by 26% (107,355 vs. 85,259), and the number of FTEs provided by this workforce has grown by 19% (88,683 vs. 74,312). A higher percentage of Virginia's renewing RNs responded to this survey (96% vs. 80%).

The percentage of the RN workforce that is female has fallen (92% vs. 94%). At the same time, the median age of this workforce has declined (44 vs. 48). The state's RN workforce has become more diverse (45% vs. 33%), a trend that is also occurring among RNs who are under the age of 40 (47% vs. 39%). RNs are slightly less likely to have grown up in a rural area (36% vs. 37%), and RNs are also slightly less likely to work in a non-metro area (9% vs. 10%).

RNs are considerably more likely to hold a baccalaureate degree as their highest professional degree (51% vs. 38%) instead of an associate degree (25% vs. 34%). At the same time, RNs are also more likely to carry education debt (44% vs. 32%), and trend that is also taking place among RNs who are under the age of 40 (59% vs. 57%). Those RNs with education debt have seen their median debt amount increase (\$30k-\$40k vs. \$20k-\$30k).

Virginia's RNs are less likely to hold one full-time job (68% vs. 71%). At the same time, RNs are more likely to work between 40 and 49 hours per week (41% vs. 33%) instead of 60 or more hours per week (3% vs. 12%). RNs have become relatively more likely to work in the for-profit sector (40% vs. 38%) instead of the non-profit sector (45% vs. 46%). The median annual income of Virginia's RN workforce has increased (\$80k-\$90k vs. \$50k-\$60k). On the other hand, RNs are less likely to receive either employer-sponsored health insurance (63% vs. 71%) or a retirement plan (70% vs. 72%). The percentage of RNs who indicated that they are satisfied with their current work situation has increased (93% vs. 91%). This is also the case among those RNs who indicated that they are "very satisfied" (55% vs. 53%).

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	55,816	44%
New Licensees	8,812	7%
Non-Renewals	7,257	6%
Renewal Date Not in Survey Period	54,797	43%
<b>All Licensees</b>	<b>127,905</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing RNs, 96% submitted a survey. This represents 40% of all RNs who held a license at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	11,913	4,418	27%
30 to 34	9,256	6,694	42%
35 to 39	10,870	5,884	35%
40 to 44	7,600	6,711	47%
45 to 49	7,583	4,635	38%
50 to 54	6,373	6,122	49%
55 to 59	6,892	4,399	39%
60 and Over	16,484	12,071	42%
<b>Total</b>	<b>76,971</b>	<b>50,934</b>	<b>40%</b>
<b>New Licenses</b>			
Issued in Past Year	8,794	18	0%
<b>Metro Status</b>			
Non-Metro	8,620	6,117	42%
Metro	57,213	40,669	42%
Not in Virginia	11,137	4,145	27%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2022 and September 2023 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	<b>50,934</b>
Response Rate, All Licensees	<b>40%</b>
Response Rate, Renewals	<b>96%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Registered Nurses**  
 Number: 127,905  
 New: 7%  
 Not Renewed: 6%

**Response Rates**  
 All Licensees: 40%  
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's RN Workforce: 107,355  
 FTEs: 88,683

### Utilization Ratios

Licensees in VA Workforce: 84%  
 Licensees per FTE: 1.44  
 Workers per FTE: 1.21

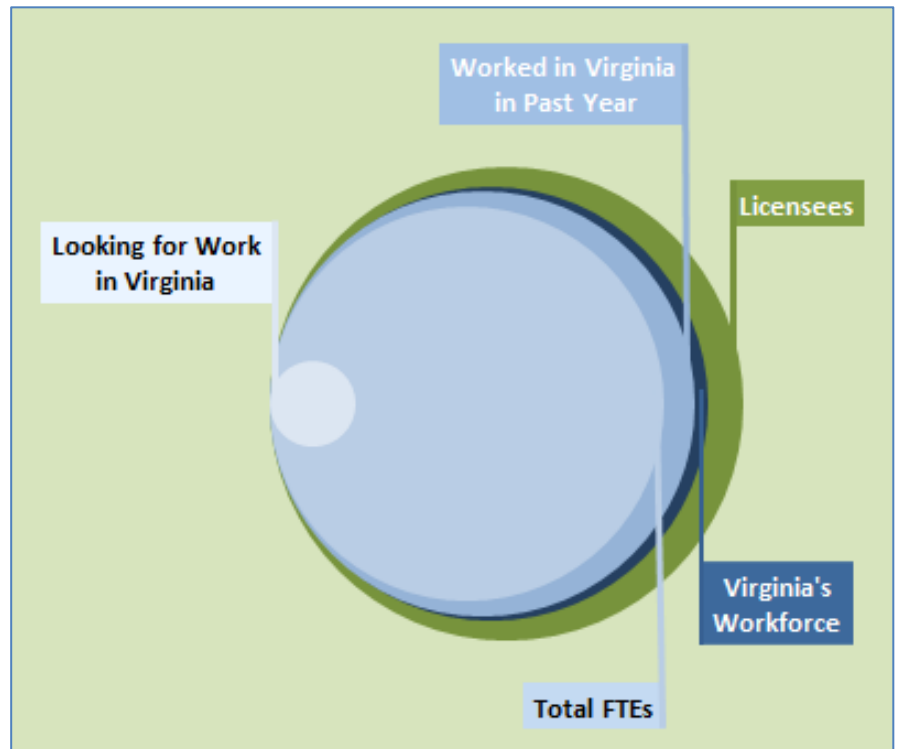
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	103,099	96%
Looking for Work in Virginia	4,256	4%
Virginia's Workforce	107,355	100%
Total FTEs	88,683	
Licensees	127,905	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	883	6%	12,860	94%	13,743	14%
30 to 34	1,126	9%	11,691	91%	12,817	13%
35 to 39	1,128	9%	11,980	91%	13,107	14%
40 to 44	916	8%	10,243	92%	11,159	12%
45 to 49	754	8%	8,642	92%	9,396	10%
50 to 54	753	8%	8,683	92%	9,435	10%
55 to 59	622	8%	7,674	93%	8,296	9%
60 and Over	1,152	7%	16,310	93%	17,462	18%
<b>Total</b>	<b>7,333</b>	<b>8%</b>	<b>88,083</b>	<b>92%</b>	<b>95,416</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	59%	70,505	73%	28,567	71%
Black	18%	12,307	13%	4,341	11%
Asian	7%	6,530	7%	3,053	8%
Other Race	1%	968	1%	315	1%
Two or More Races	5%	2,505	3%	1,396	3%
Hispanic	10%	3,972	4%	2,402	6%
<b>Total</b>	<b>100%</b>	<b>96,787</b>	<b>100%</b>	<b>40,074</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 92%  
 % Under 40 Female: 92%

**Age**

Median Age: 44  
 % Under 40: 42%  
 % 55 and Over: 27%

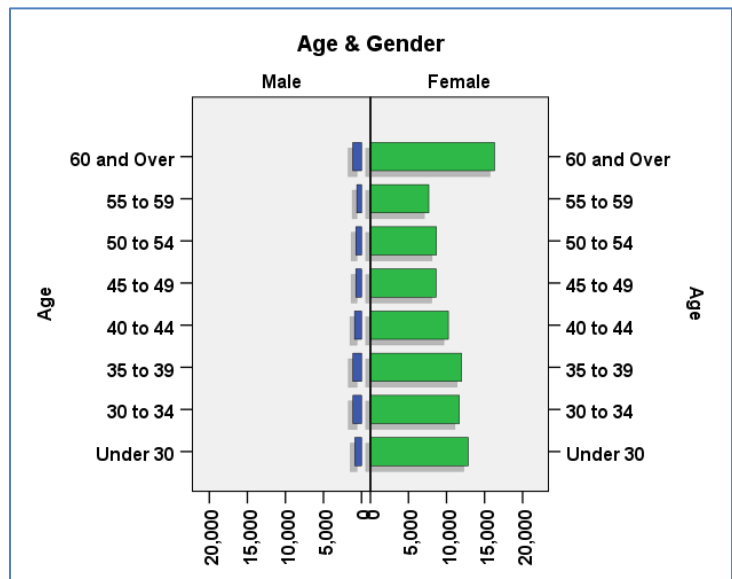
**Diversity**

Diversity Index: 45%  
 Under 40 Div. Index: 47%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two RNs, there is a 45% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.*

*More than 40% of all RNs are under the age of 40. Among RNs who are under the age of 40, 92% are female. In addition, the diversity index among RNs who are under the age of 40 is 47%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 14%  
 Rural Childhood: 36%

### Virginia Background

HS in Virginia: 59%  
 Prof. Edu. in VA: 69%  
 HS or Prof. Edu. in VA: 72%

### Location Choice

% Rural to Non-Metro: 19%  
 % Urban/Suburban to Non-Metro: 3%

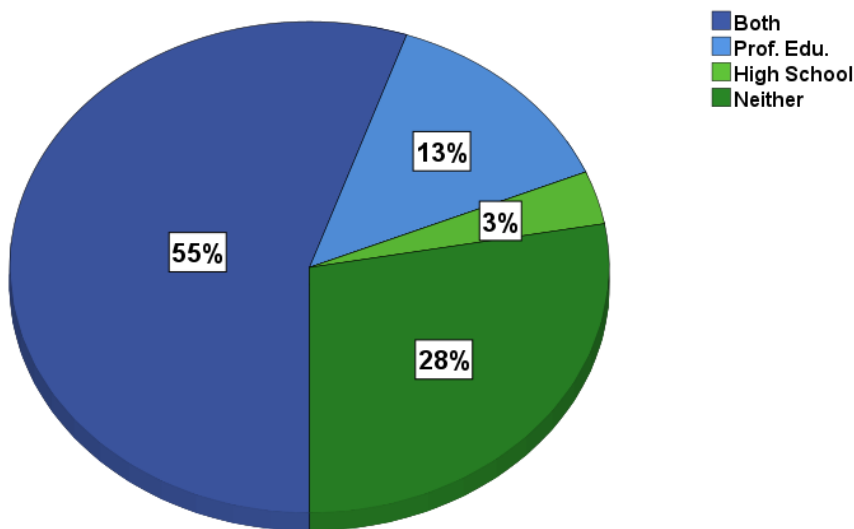
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	25%	59%	16%
2	Metro, 250,000 to 1 Million	53%	38%	9%
3	Metro, 250,000 or Less	53%	39%	9%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	69%	20%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	74%	21%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	8%	3%
8	Rural, Metro Adjacent	79%	17%	4%
9	Rural, Non-Adjacent	62%	30%	8%
<b>Overall</b>		<b>36%</b>	<b>50%</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*More than one-third of all RNs grew up in a self-described rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro county. In total, 9% of all RNs currently work in a non-metro county.*

## Top Ten States for Registered Nurse Recruitment

Rank	All Registered Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	56,494	Virginia	65,616
2	Outside U.S./Canada	7,470	Outside U.S./Canada	3,532
3	New York	4,044	Pennsylvania	3,010
4	Pennsylvania	3,604	New York	2,970
5	Maryland	2,410	North Carolina	1,774
6	New Jersey	1,968	Maryland	1,772
7	North Carolina	1,915	Florida	1,444
8	Florida	1,521	Ohio	1,224
9	California	1,423	West Virginia	1,200
10	Ohio	1,420	Washington, D.C.	980

Source: Va. Healthcare Workforce Data Center

*Among all RNs, 59% received their high school degree in Virginia, and 69% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	13,093	Virginia	15,190
2	Outside U.S./Canada	2,236	Outside U.S./Canada	1,224
3	Pennsylvania	855	Pennsylvania	769
4	New York	797	New York	564
5	Maryland	551	Maryland	465
6	North Carolina	536	North Carolina	434
7	California	516	Florida	421
8	New Jersey	456	Ohio	335
9	Florida	379	California	263
10	Ohio	311	Washington, D.C.	242

Source: Va. Healthcare Workforce Data Center

*Among RNs who have obtained their license in the past five years, 56% received their high school degree in Virginia, and 66% received their initial professional degree in the state.*

*Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. More than two out of every three of these licensees worked at some point in the past year, including 63% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	20,582
% of Licensees:	16%
Federal/Military:	8%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	121	0%
Hospital RN Diploma	4,231	4%
Associate Degree	23,543	25%
Baccalaureate Degree	48,378	51%
Master's Degree	17,144	18%
Doctorate Degree	2,237	2%
<b>Total</b>	<b>95,654</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

More than half of all RNs hold a baccalaureate degree as their highest professional degree. More than 40% of RNs carry education debt, including 59% of those RNs who are under the age of 40. The median debt amount among those RNs with education debt is between \$30,000 and \$40,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	10,470	11%
No	84,943	89%
<b>Total</b>	<b>95,413</b>	<b>100%</b>
Degree Pursued	#	%
Associate	7	0%
Baccalaureate	3,770	37%
Masters	4,861	47%
Doctorate	1,609	16%
<b>Total</b>	<b>10,247</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**

Baccalaureate: 51%

Associate: 25%

**Education Debt**

Carry Debt: 44%

Under Age 40 w/ Debt: 59%

Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	45,205	56%	14,009	41%
Less than \$10,000	5,271	7%	2,852	8%
\$10,000-\$19,999	5,177	6%	3,202	9%
\$20,000-\$29,999	5,157	6%	3,212	10%
\$30,000-\$39,999	3,881	5%	2,188	6%
\$40,000-\$49,999	3,080	4%	1,771	5%
\$50,000-\$59,999	2,856	4%	1,655	5%
\$60,000-\$69,999	2,243	3%	1,290	4%
\$70,000-\$79,999	1,643	2%	836	2%
\$80,000-\$89,999	1,375	2%	711	2%
\$90,000-\$99,999	940	1%	487	1%
\$100,000-\$109,999	1,124	1%	483	1%
\$110,000-\$119,999	570	1%	267	1%
\$120,000 or More	2,125	3%	846	3%
<b>Total</b>	<b>80,647</b>	<b>100%</b>	<b>33,809</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Pediatrics:	4%

### Secondary Specialty

Acute/Critical Care:	17%
Surgery/OR:	5%
Cardiology:	5%

### Licenses

Licensed NP:	9%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	19,144	20%	11,218	17%
Surgery/OR/Pre-, Peri- or Post-Operative	7,372	8%	3,416	5%
Pediatrics	3,979	4%	2,353	3%
Obstetrics/Nurse Midwifery	3,966	4%	1,622	2%
Cardiology	3,934	4%	3,183	5%
Psychiatric/Mental Health	3,811	4%	1,716	3%
Case Management	3,242	3%	2,188	3%
Family Health	3,208	3%	1,455	2%
Neonatal Care	2,851	3%	1,700	3%
Administration/Management	2,801	3%	2,830	4%
Oncology	2,675	3%	1,575	2%
Hospital/Float	2,074	2%	2,078	3%
Community Health/Public Health	1,836	2%	1,706	3%
Geriatrics/Gerontology	1,768	2%	1,986	3%
Women's Health/Gynecology	1,543	2%	1,580	2%
Anesthesia	1,542	2%	696	1%
Long-Term Care/Assisted Living/Nursing Home	1,502	2%	1,593	2%
Adult Health	1,452	2%	1,759	3%
General Nursing/No Specialty	8,879	9%	9,974	15%
Other Specialty Area	14,943	16%	12,234	18%
Medical Specialties (Not Listed)	1,342	1%	1,101	2%
<b>Total</b>	<b>93,863</b>	<b>100%</b>	<b>67,962</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

One out of every five RNs have a primary specialty in acute/critical care/emergency/trauma. Another 8% of RNs have a primary specialty in surgery/OR/pre-, peri-, or post-operative care.

In addition to being licensed as an RN, 9% of RNs also hold a license as an LNP. Another 1% of RNs hold a license as an LPN.

## Other Licenses

License	#	% of Workforce
Licensed Nurse Practitioner	9,739	9%
Licensed Practical Nurse	1,024	1%
Clinical Nurse Specialist	396	0%
Certified Nurse Midwife	276	0%
Certified Massage Therapist	127	0%
Respiratory Therapist	55	0%

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Military Service		
Service?	#	%
Yes	6,201	7%
No	85,993	93%
<b>Total</b>	<b>92,194</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Navy/Marines	2,359	39%
Army	2,261	38%
Air Force	1,231	21%
Other	128	2%
<b>Total</b>	<b>5,979</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Military Service**

% Who Served: 7%

**Branch of Service**

Navy/Marines: 39%  
 Army: 38%  
 Air Force: 21%

**Occupation**

Army Health Care Spec.: 7%  
 Navy Basic Med. Tech.: 7%  
 Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

*In total, 7% of Virginia's RN workforce has served in the military. Nearly 40% of these RNs served in the Navy/Marines, including 7% who worked as Navy Basic Medical Technicians (Navy HM0000).*

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	428	7%
Navy Basic Medical Technician (Navy HM0000)	387	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	180	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	12	0%
Other	4,742	82%
<b>Total</b>	<b>5,749</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 90%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 68%  
 2 or More Positions: 10%

### Weekly Hours

40 to 49: 41%  
 60 or More: 3%  
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	75	< 1%
Employed in a Nursing-Related Capacity	85,738	90%
Employed, NOT in a Nursing-Related Capacity	2,552	3%
Not Working, Reason Unknown	9	< 1%
Involuntarily Unemployed	217	< 1%
Voluntarily Unemployed	3,913	4%
Retired	2,319	2%
<b>Total</b>	<b>94,822</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all RNs, 90% are currently employed in the profession, 68% hold one full-time job, and 41% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	6,458	7%
1 to 9 Hours	1,479	2%
10 to 19 Hours	3,200	3%
20 to 29 Hours	7,736	8%
30 to 39 Hours	28,186	30%
40 to 49 Hours	37,493	41%
50 to 59 Hours	4,968	5%
60 to 69 Hours	1,768	2%
70 to 79 Hours	545	1%
80 or More Hours	646	1%
<b>Total</b>	<b>92,479</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	6,458	7%
One Part-Time Position	14,412	15%
Two Part-Time Positions	2,130	2%
One Full-Time Position	63,103	68%
One Full-Time Position & One Part-Time Position	6,250	7%
Two Full-Time Positions	239	0%
More than Two Positions	689	1%
<b>Total</b>	<b>93,281</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	1,035	1%
Less than \$20,000	2,152	3%
\$20,000-\$29,999	1,332	2%
\$30,000-\$39,999	1,808	3%
\$40,000-\$49,999	3,242	5%
\$50,000-\$59,999	5,695	8%
\$60,000-\$69,999	9,175	13%
\$70,000-\$79,999	11,001	15%
\$80,000-\$89,999	9,986	14%
\$90,000-\$99,999	7,401	10%
\$100,000 or More	19,559	27%
<b>Total</b>	<b>72,386</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$80k-\$90k

**Benefits**  
Health Insurance: 63%  
Retirement: 70%

**Satisfaction**  
Satisfied: 93%  
Very Satisfied: 55%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	50,480	55%
Somewhat Satisfied	34,270	38%
Somewhat Dissatisfied	4,911	5%
Very Dissatisfied	1,514	2%
<b>Total</b>	<b>91,175</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical RN earns between \$80,000 and \$90,000 per year. In addition, 80% of all RNs receive at least one employer-sponsored benefit, including 63% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	59,635	70%	72%
Paid Leave	55,758	65%	68%
Health Insurance	53,625	63%	64%
Dental Insurance	52,772	62%	64%
Group Life Insurance	37,259	43%	46%
Signing/Retention Bonus	12,666	15%	16%
<b>At Least One Benefit</b>	<b>68,894</b>	<b>80%</b>	<b>82%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	869	1%
Experience Voluntary Unemployment?	6,553	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,358	2%
Work Two or More Positions at the Same Time?	13,036	12%
Switch Employers or Practices?	9,215	9%
Experience at Least One?	<b>27,108</b>	<b>25%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia’s RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,734	3%	1,717	10%
Less than 6 Months	6,246	7%	2,978	18%
6 Months to 1 Year	9,003	10%	2,329	14%
1 to 2 Years	19,393	22%	3,196	19%
3 to 5 Years	19,018	22%	2,773	17%
6 to 10 Years	12,971	15%	1,700	10%
More than 10 Years	18,427	21%	1,935	12%
Subtotal	<b>87,792</b>	<b>100%</b>	<b>16,627</b>	<b>100%</b>
Did Not Have Location	5,011		89,888	
Item Missing	14,552		840	
Total	<b>107,355</b>		<b>107,355</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of RNs receive an hourly wage at their primary work location, while 31% are salaried employees.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 9%  
New Location: 23%  
Over 2 Years: 57%  
Over 2 Yrs., 2<sup>nd</sup> Location: 39%

**Employment Type**

Hourly Wage: 63%  
Salary: 31%

Source: Va. Healthcare Workforce Data Center

*Nearly three out of every five RNs have worked at their primary work location for more than two years.*

**Employment Type**

Primary Work Site	#	%
Salary	19,584	31%
Hourly Wage	39,699	63%
By Contract/Per Diem	3,008	5%
Business/Contractor Income	622	1%
Unpaid	508	1%
Subtotal	<b>63,421</b>	<b>100%</b>
Did Not Have Location	5,011	
Item Missing	38,923	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for September 2023 was still preliminary.

## At a Glance:

### Concentration

Top Region:	27%
Top 3 Regions:	72%
Lowest Region:	1%

### Locations

2 or More (Past Year):	19%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

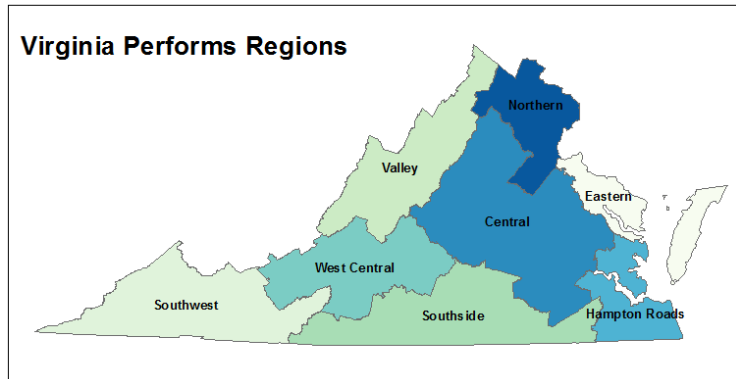
Nearly three-quarters of all RNs work in Central Virginia, Northern Virginia, or Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	23,838	27%	3,831	23%
Eastern	1,283	1%	253	1%
Hampton Roads	17,872	21%	3,446	20%
Northern	21,410	25%	3,893	23%
Southside	2,759	3%	579	3%
Southwest	3,478	4%	628	4%
Valley	5,160	6%	786	5%
West Central	10,402	12%	1,908	11%
Virginia Border State/D.C.	400	0%	401	2%
Other U.S. State	532	1%	1,137	7%
Outside of the U.S.	10	0%	53	0%
<b>Total</b>	<b>87,144</b>	<b>100%</b>	<b>16,915</b>	<b>100%</b>
Item Missing	15,199		552	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all RNs, 16% currently have multiple work locations, while 19% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	4,234	5%	6,245	7%
1	70,158	77%	70,614	77%
2	11,581	13%	10,720	12%
3	4,546	5%	3,540	4%
4	569	1%	217	0%
5	207	0%	125	0%
6 or More	416	1%	252	0%
<b>Total</b>	<b>91,712</b>	<b>100%</b>	<b>91,712</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2022-Sept. 2023, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	33,110	40%	7,972	52%
<b>Non-Profit</b>	36,645	45%	5,645	37%
<b>State/Local Government</b>	8,232	10%	1,311	8%
<b>Veteran's Administration</b>	1,897	2%	156	1%
<b>U.S. Military</b>	1,250	2%	212	1%
<b>Other Federal Government</b>	799	1%	149	1%
<b>Total</b>	<b>81,933</b>	<b>100%</b>	<b>15,445</b>	<b>100%</b>
<b>Did Not Have Location</b>	5,011		89,888	
<b>Item Missing</b>	20,410		2,021	

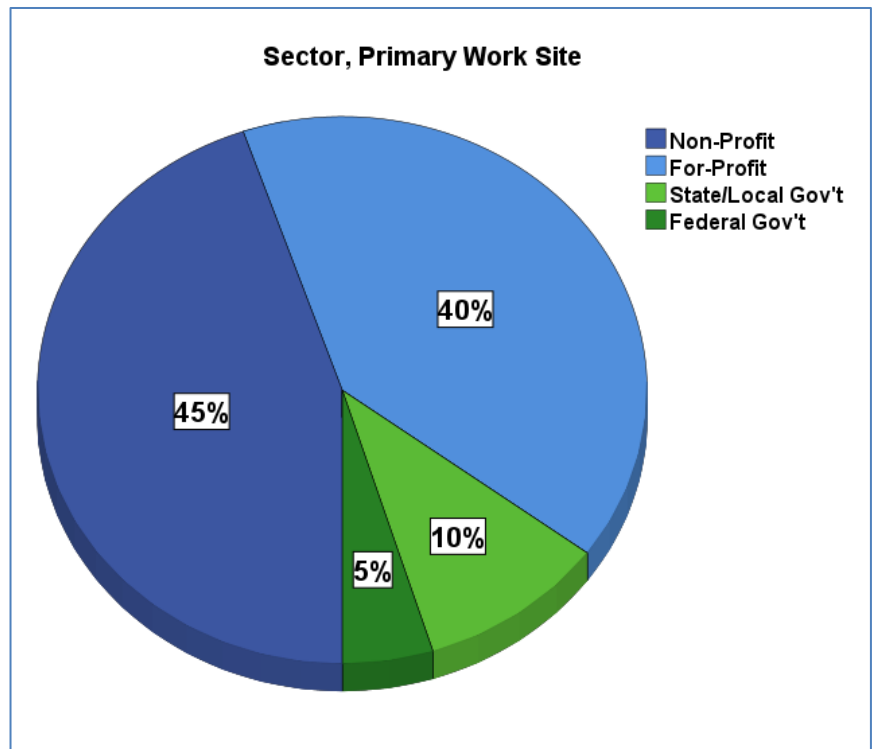
Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

<b>Sector</b>	
For-Profit:	40%
Federal:	5%
<b>Top Establishments</b>	
Hospital, Inpatient:	36%
Hospital, Emergency:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

More than four out of every five RNs work in the private sector, including 45% who work in the non-profit sector.



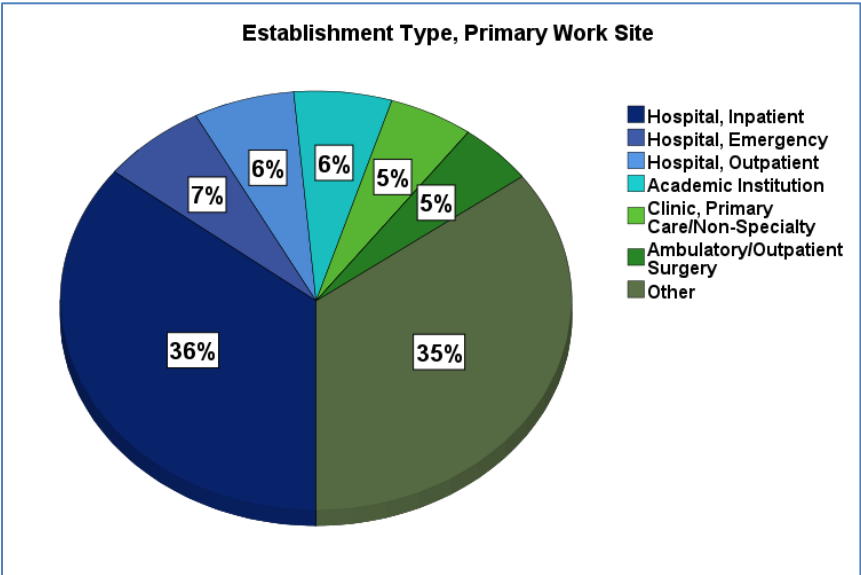
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	28,452	36%	4,609	31%
Hospital, Emergency Department	5,328	7%	967	6%
Hospital, Outpatient Department	5,123	6%	568	4%
Academic Institution (Teaching or Research)	4,952	6%	975	7%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	4,287	5%	748	5%
Ambulatory/Outpatient Surgical Unit	3,809	5%	689	5%
Home Health Care	2,870	4%	1,021	7%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	2,856	4%	552	4%
Long Term Care Facility, Nursing Home	2,662	3%	762	5%
Insurance Company, Health Plan	2,366	3%	208	1%
Physician Office	2,350	3%	338	2%
School (Providing Care to Students)	2,129	3%	315	2%
Hospice	1,542	2%	415	3%
Other Practice Setting	11,315	14%	2,711	18%
<b>Total</b>	<b>80,041</b>	<b>100%</b>	<b>14,878</b>	<b>100%</b>
<b>Did Not Have a Location</b>	5,011		89,888	

Nearly half of all RNs in Virginia work in a hospital, including 36% who work in the inpatient department of a hospital.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, more than 40% work in a hospital, including 31% who work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	18%
Chinese:	12%
French:	12%

### Means of Communication

Virtual Translation:	76%
Onsite Translation:	38%
Other Staff Member:	22%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	19,286	18%
Chinese	12,596	12%
French	12,530	12%
Arabic	12,521	12%
Korean	12,122	11%
Vietnamese	11,750	11%
Tagalog/Filipino	11,715	11%
Hindi	11,191	10%
Persian	9,856	9%
Urdu	9,698	9%
Amharic, Somali, or Other Afro-Asiatic Languages	9,292	9%
Pashto	9,052	8%
Others	4,872	5%
<b>At Least One Language</b>	<b>22,639</b>	<b>21%</b>

Source: Va. Healthcare Workforce Data Center

*Among all RNs, 18% are employed at a primary work location that offers Spanish language services for patients.*

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	17,282	76%
Onsite Translation Service	8,501	38%
Other Staff Member is Proficient	5,018	22%
Respondent is Proficient	3,052	13%
Other	919	4%

Source: Va. Healthcare Workforce Data Center

*More than three out of every four RNs are employed at a primary work location that offers language services by means of a virtual translation service.*



## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%

### Roles

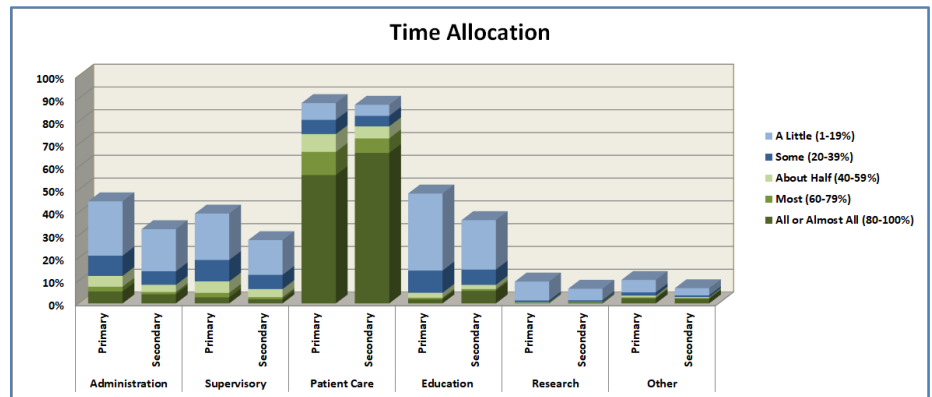
Patient Care: 67%  
 Administrative: 7%  
 Supervisory: 5%  
 Education: 2%

### Patient Care RNs

Median Admin. Time: 0%  
 Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



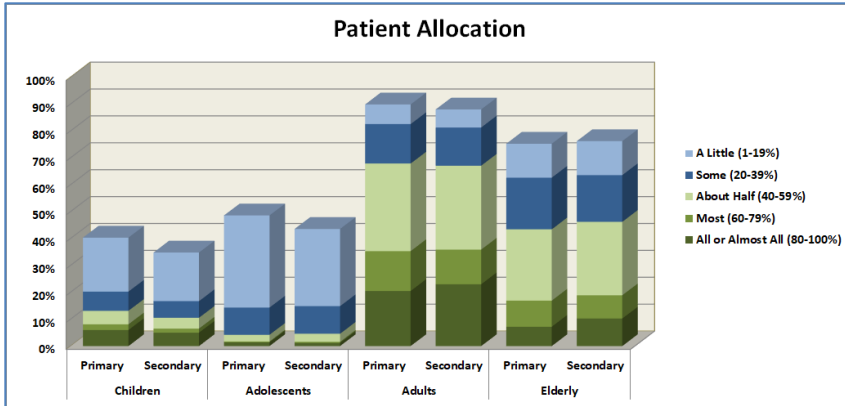
Source: Va. Healthcare Workforce Data Center

*RNs typically spend most of their time on patient care activities. In fact, two-thirds of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	5%	4%	3%	2%	56%	66%	2%	6%	0%	0%	2%	2%
<b>Most (60-79%)</b>	2%	1%	2%	1%	10%	6%	1%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	5%	3%	5%	4%	8%	5%	2%	2%	0%	0%	1%	0%
<b>Some (20-39%)</b>	9%	6%	9%	6%	6%	5%	10%	7%	1%	1%	1%	1%
<b>A Little (1-19%)</b>	24%	18%	20%	15%	7%	5%	34%	22%	8%	5%	5%	3%
<b>None (0%)</b>	55%	67%	61%	72%	12%	13%	52%	63%	90%	94%	90%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

*RNs typically devote most of their time to treating adults and the elderly. More than one-third of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults.*

**At a Glance:  
(Primary Locations)**

**Typical Patient Allocation**

Children: 0%  
 Adolescents: 0%  
 Adults: 50%-59%  
 Elderly: 30%-39%

**Roles**

Children: 8%  
 Adolescents: 2%  
 Adults: 35%  
 Elderly: 17%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	6%	5%	1%	1%	20%	23%	7%	10%
<b>Most (60-79%)</b>	2%	2%	0%	0%	15%	13%	10%	9%
<b>About Half (40-59%)</b>	5%	4%	2%	3%	33%	31%	27%	27%
<b>Some (20-39%)</b>	7%	6%	10%	10%	15%	14%	19%	17%
<b>A Little (1-19%)</b>	20%	18%	34%	29%	7%	7%	13%	13%
<b>None (0%)</b>	60%	65%	51%	56%	10%	12%	25%	24%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	3,038	4%	-	-
<b>50 to 54</b>	3,177	4%	158	1%
<b>55 to 59</b>	7,145	9%	1,210	4%
<b>60 to 64</b>	20,997	27%	6,798	24%
<b>65 to 69</b>	28,847	37%	12,421	44%
<b>70 to 74</b>	8,555	11%	4,559	16%
<b>75 to 79</b>	2,278	3%	1,295	5%
<b>80 or Over</b>	953	1%	488	2%
<b>I Do Not Intend to Retire</b>	3,138	4%	1,304	5%
<b>Total</b>	<b>78,128</b>	<b>100%</b>	<b>28,233</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All RNs**

Under 65: 44%  
Under 60: 17%

**RNs 50 and Over**

Under 65: 29%  
Under 60: 5%

**Time Until Retirement**

Within 2 Years: 7%  
Within 10 Years: 22%  
Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

*Among all RNs, 44% expect to retire by the age of 65. Among RNs who are age 50 and over, 29% expect to retire by the age of 65.*

*Within the next two years, 23% of RNs expect to pursue additional educational opportunities, and 8% expect to increase their patient care hours.*

**Future Plans**

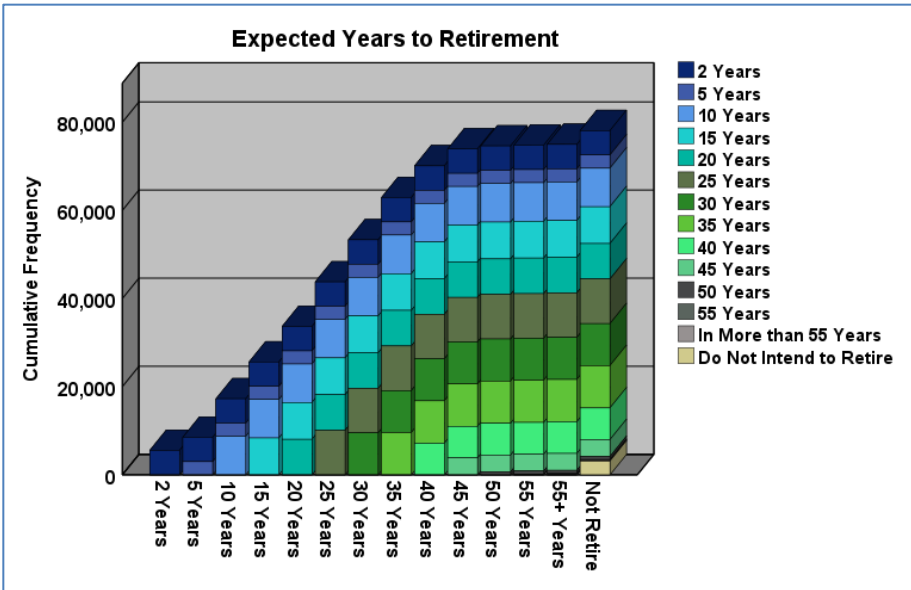
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	2,329	2%
<b>Leave Virginia</b>	3,287	3%
<b>Decrease Patient Care Hours</b>	10,127	9%
<b>Decrease Teaching Hours</b>	522	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	8,288	8%
<b>Increase Teaching Hours</b>	5,998	6%
<b>Pursue Additional Education</b>	24,156	23%
<b>Return to the Workforce</b>	1,750	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 7% of RNs expect to retire in the next two years, 22% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
<b>2 Years</b>	5,548	7%	7%
<b>5 Years</b>	2,980	4%	11%
<b>10 Years</b>	8,738	11%	22%
<b>15 Years</b>	8,356	11%	33%
<b>20 Years</b>	8,071	10%	43%
<b>25 Years</b>	10,114	13%	56%
<b>30 Years</b>	9,536	12%	68%
<b>35 Years</b>	9,600	12%	81%
<b>40 Years</b>	7,196	9%	90%
<b>45 Years</b>	3,830	5%	95%
<b>50 Years</b>	677	1%	96%
<b>55 Years</b>	175	0%	96%
<b>In More than 55 Years</b>	168	0%	96%
<b>Do Not Intend to Retire</b>	3,138	4%	100%
<b>Total</b>	<b>78,128</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2033. Retirement will peak at 13% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.

## At a Glance:

### FTEs

Total: 88,683  
 FTEs/1,000 Residents<sup>2</sup>: 10.21  
 Average: 0.87

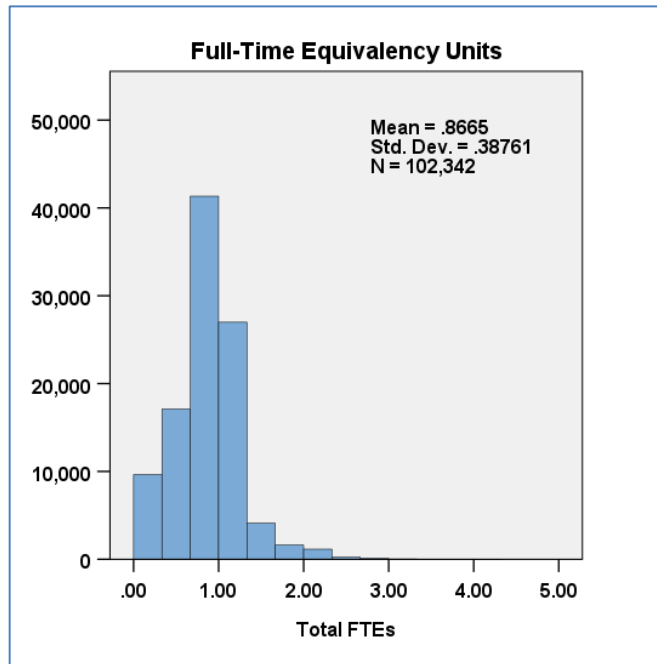
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Negligible  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

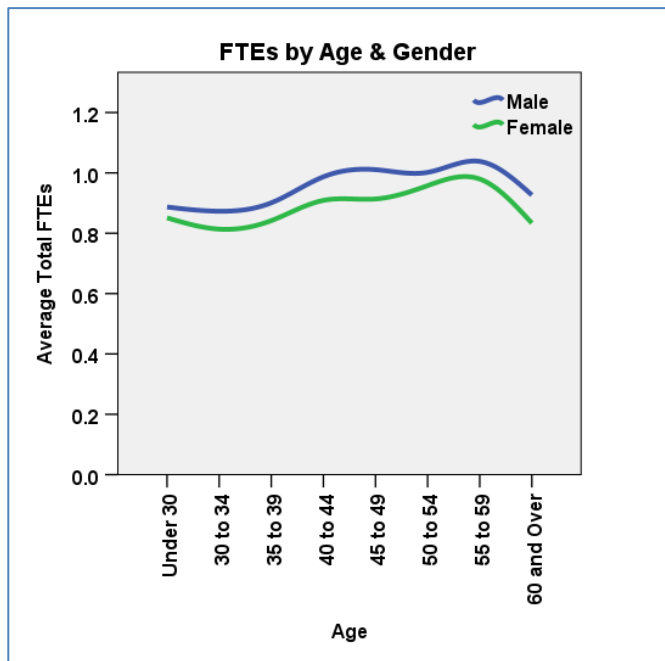


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.90 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.85	0.91
30 to 34	0.81	0.85
35 to 39	0.83	0.87
40 to 44	0.91	0.92
45 to 49	0.90	0.91
50 to 54	0.95	0.96
55 to 59	0.97	0.96
60 and Over	0.80	0.78
Gender		
Male	0.94	0.96
Female	0.88	0.93

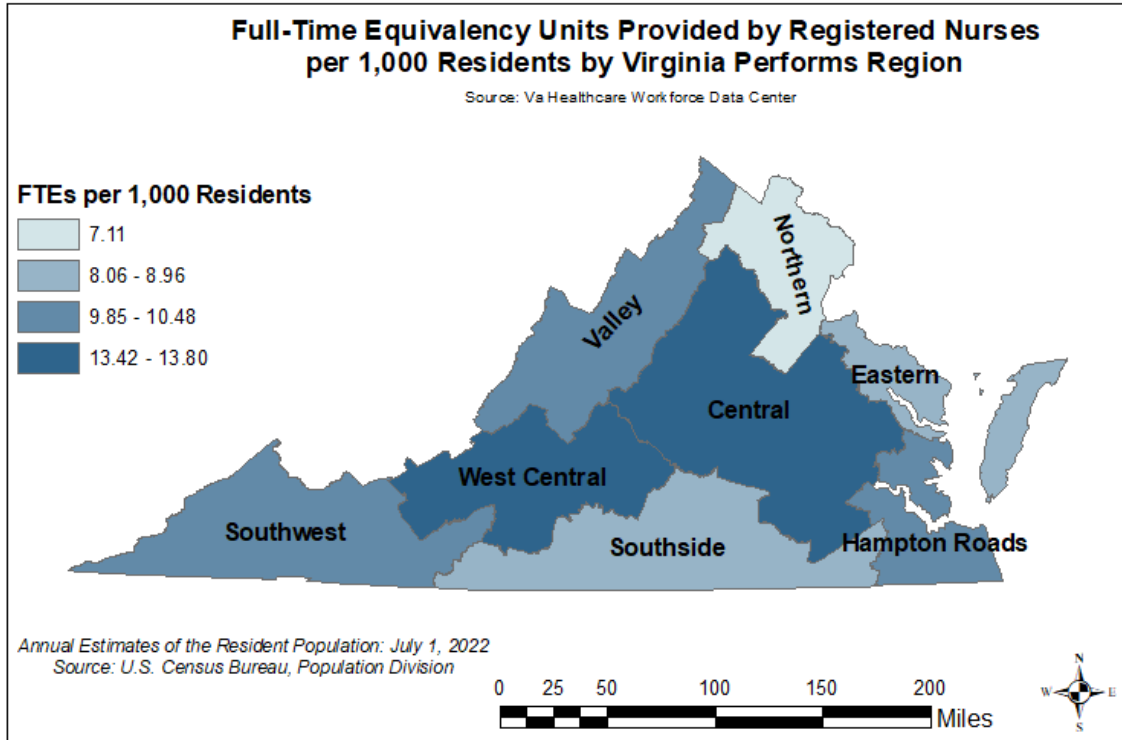
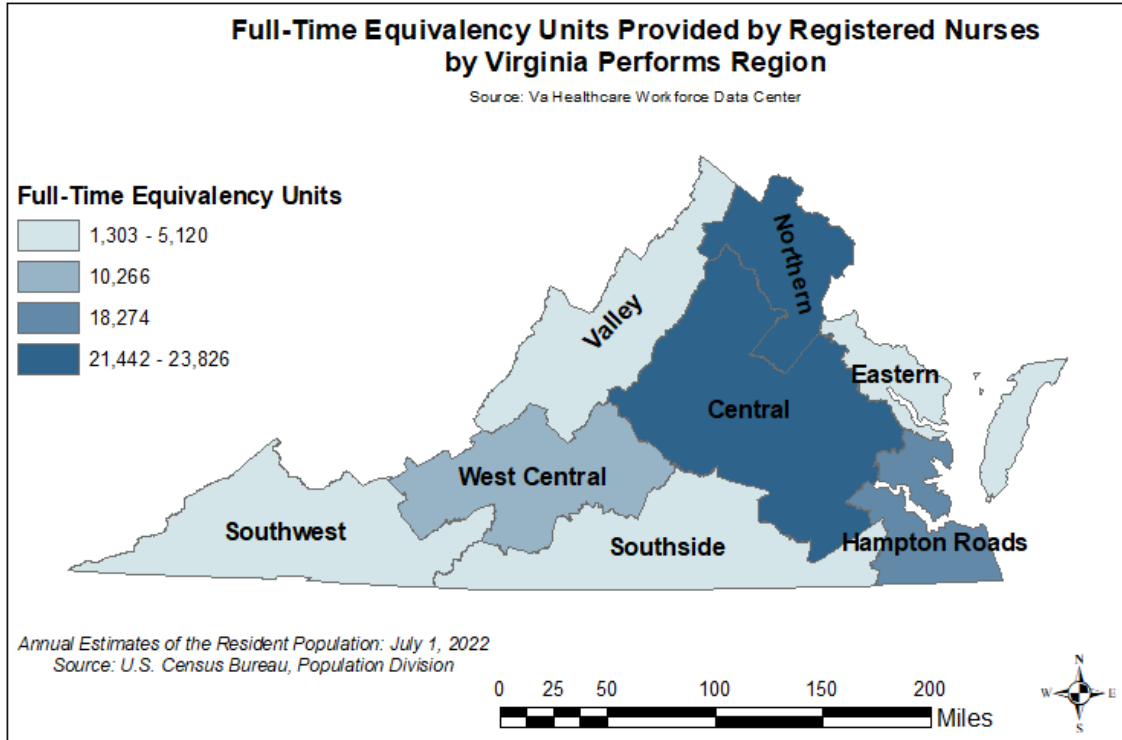
Source: Va. Healthcare Workforce Data Center

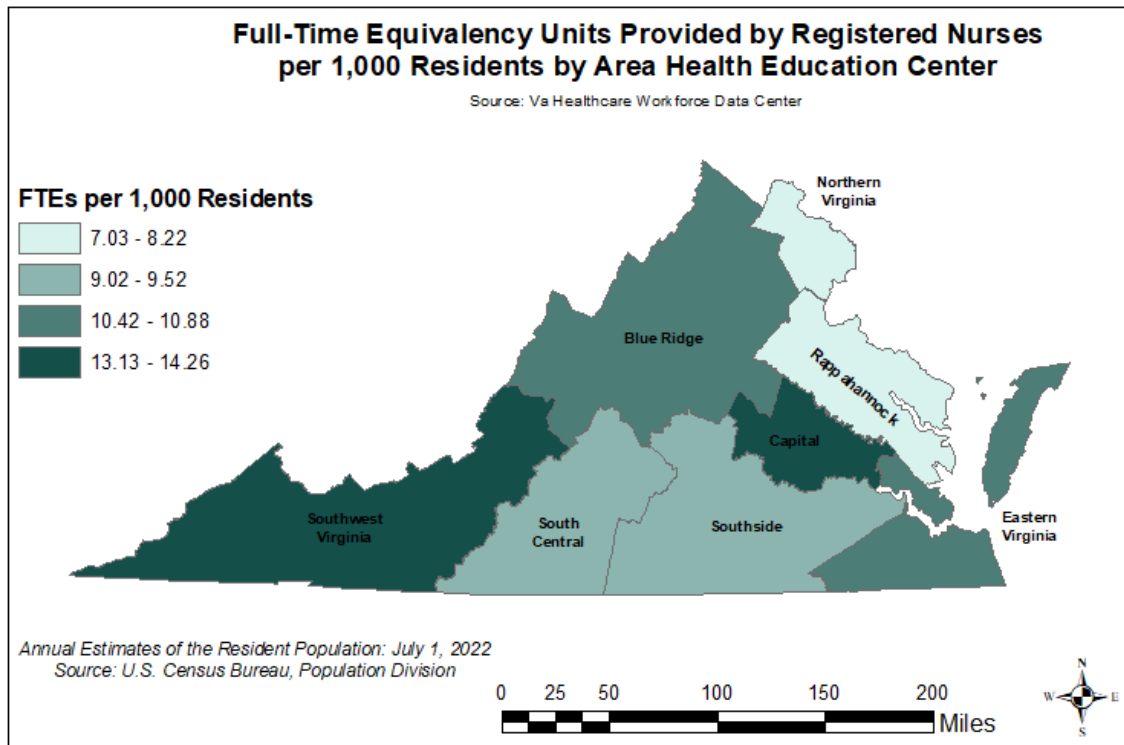
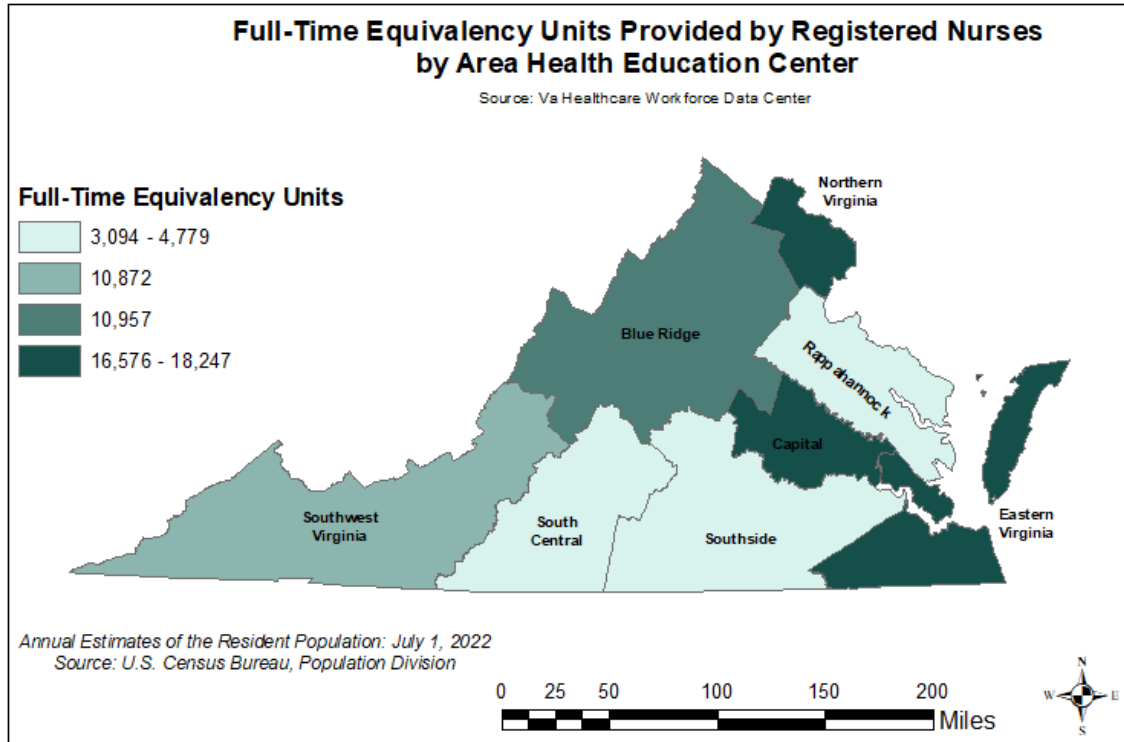


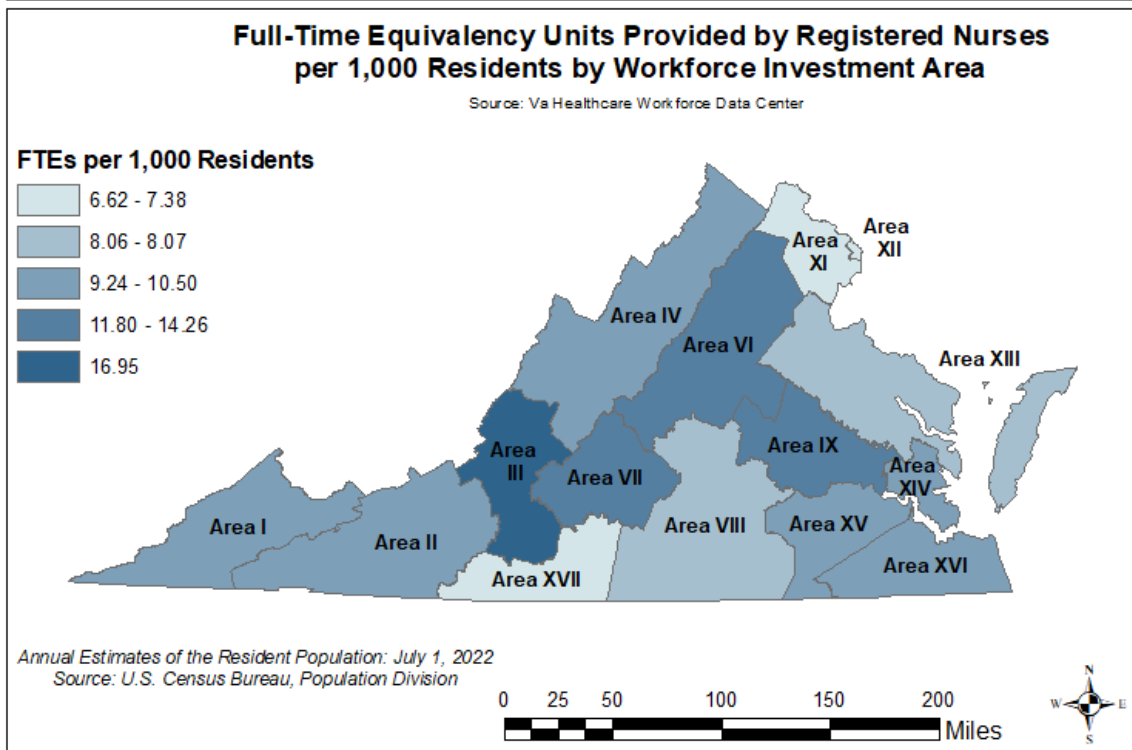
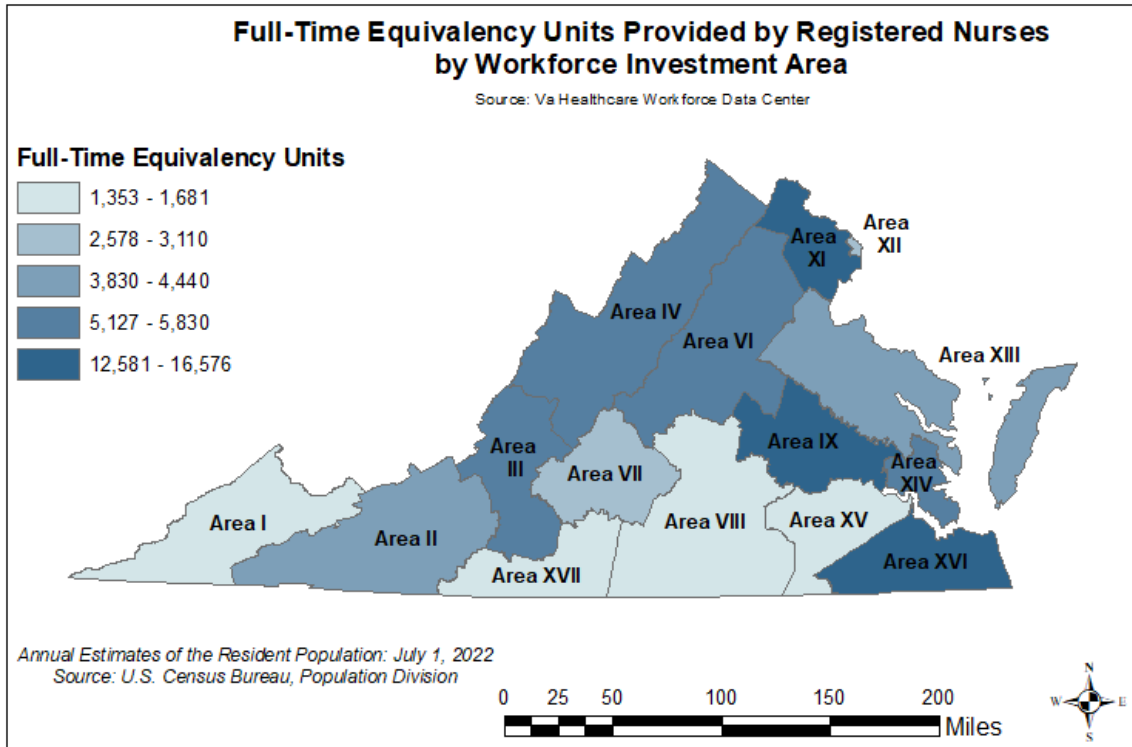
Source: Va. Healthcare Workforce Data Center

<sup>2</sup> Number of residents in 2022 was used as the denominator.

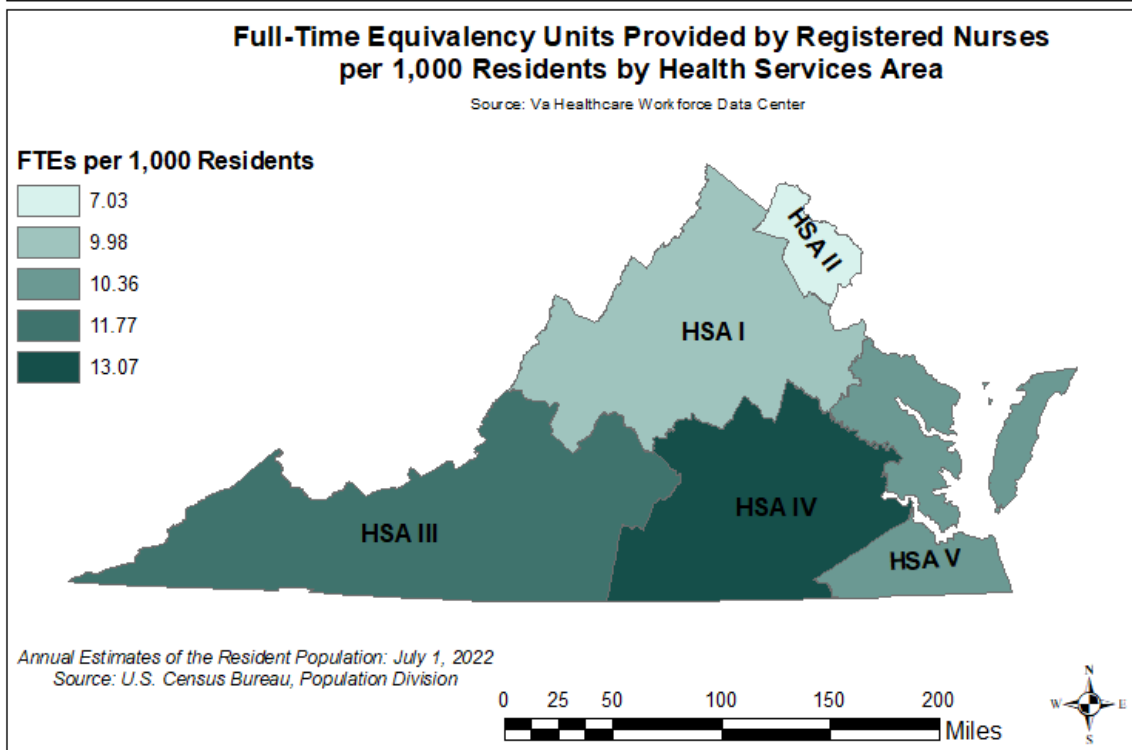
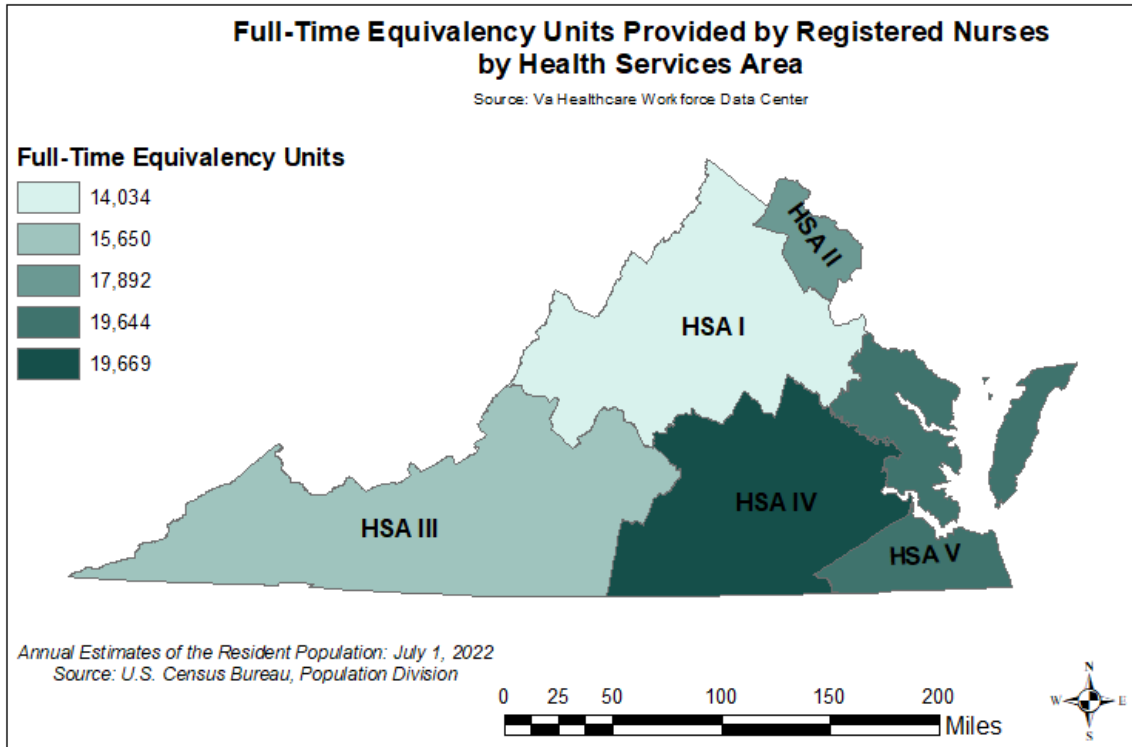
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

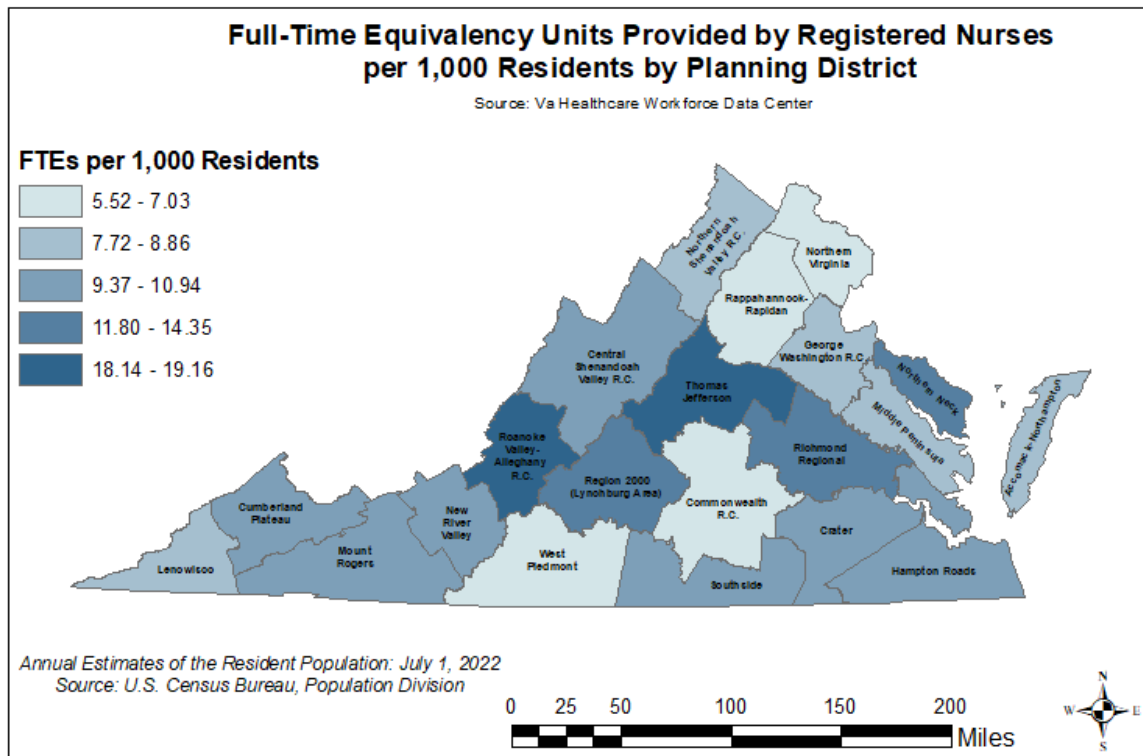
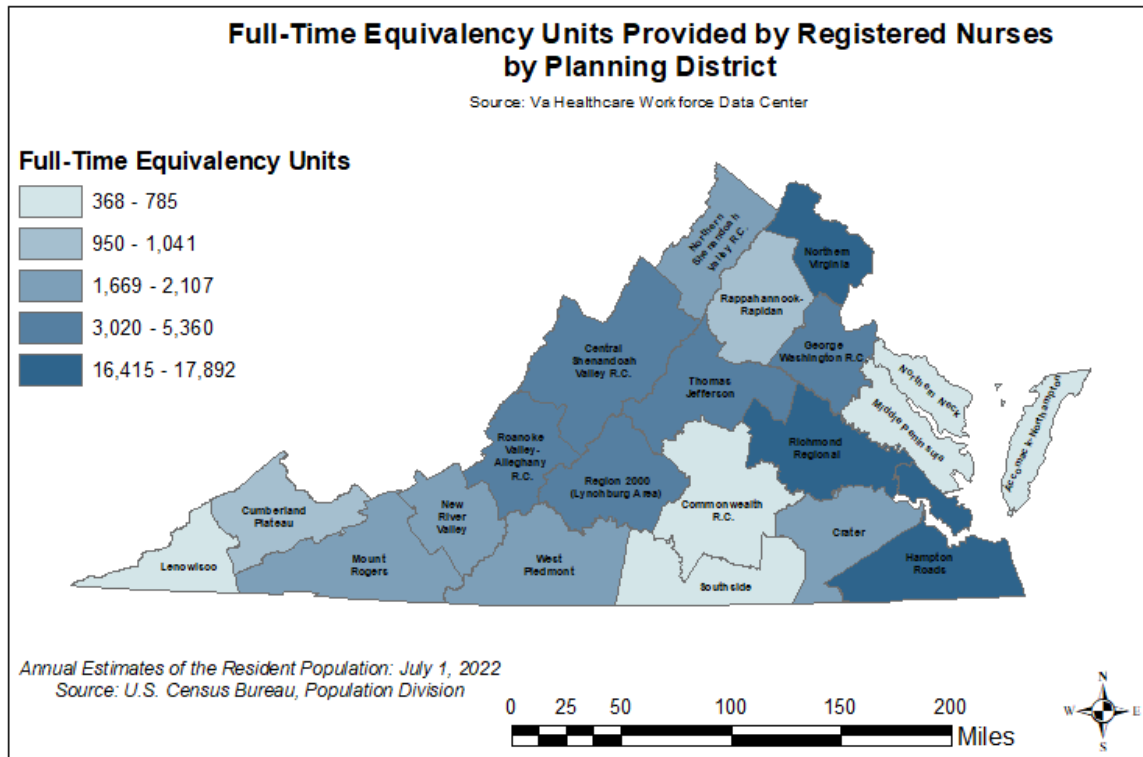












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	74,668	41.31%	2.421	1.967	3.563
<b>Metro, 250,000 to 1 Million</b>	11,385	42.20%	2.370	1.926	3.488
<b>Metro, 250,000 or Less</b>	11,829	42.44%	2.356	1.915	3.469
<b>Urban, Pop. 20,000+, Metro Adj.</b>	2,051	43.54%	2.297	1.867	3.381
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	5,052	41.53%	2.408	1.957	3.545
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	3,305	41.57%	2.405	1.955	3.541
<b>Rural, Metro Adj.</b>	2,984	40.05%	2.497	2.030	3.676
<b>Rural, Non-Adj.</b>	1,345	41.41%	2.415	1.963	3.554
<b>Virginia Border State/D.C.</b>	3,006	29.27%	3.416	2.776	5.028
<b>Other U.S. State</b>	12,276	26.60%	3.760	3.056	5.535

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	16,331	27.05%	3.696	3.381	5.535
<b>30 to 34</b>	15,950	41.97%	2.383	2.179	3.568
<b>35 to 39</b>	16,754	35.12%	2.847	2.604	4.263
<b>40 to 44</b>	14,311	46.89%	2.132	1.950	3.193
<b>45 to 49</b>	12,218	37.94%	2.636	2.411	3.947
<b>50 to 54</b>	12,495	49.00%	2.041	1.867	3.056
<b>55 to 59</b>	11,291	38.96%	2.567	2.348	3.843
<b>60 and Over</b>	28,555	42.27%	2.366	2.164	3.542

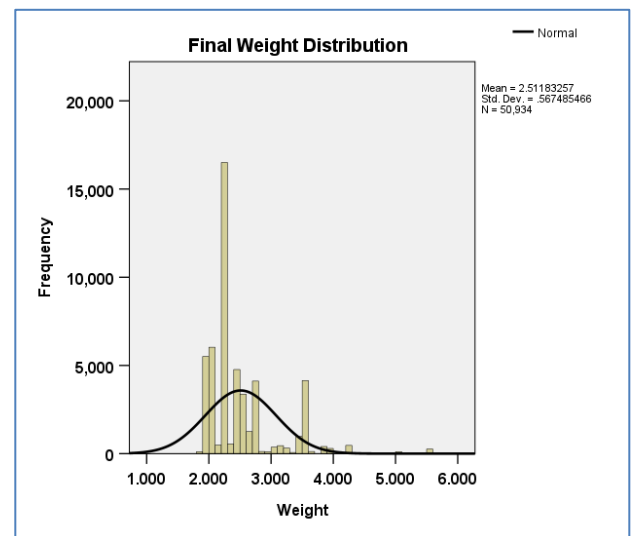
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HhealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.398217**



Source: Va. Healthcare Workforce Data Center

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE  
Monday, December 4, 2023**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – Boardroom 3  
Henrico, Virginia 23233

**TIME AND PLACE:** The meeting of the Education Special Conference Committee was convened at 9:00 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.

**MEMBERS PRESENT:** Ann Tucker Gleason, PhD, Chair  
Helen M. Parke, DNP, FNP-BC

**STAFF PRESENT:** Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager  
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager  
Grace Stewart, Adjudication Specialist  
Beth Yates, Education Program Specialist

**Partners Pharmacy, Richmond, Medication Aide Training Program, 0030000167**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Partners Pharmacy.

**ACTION:** Dr. Parke moved to recommend that approval to operate Partners Pharmacy, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**ApexCare Pharmacy Solutions, Salem, Medication Aide Training Program, 0030000069**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to ApexCare Pharmacy Solutions.

**ACTION:** Dr. Parke moved to recommend that approval to operate ApexCare Pharmacy Solutions, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Advanced Healthcare Education, Inc., Mechanicsville, Medication Aide Training Program, 0030000229**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Advanced Healthcare Education, Inc.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Advanced Healthcare Education Inc., Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Care Plus Nursing Services & Training, Woodbridge, Medication Aide Training Program, 0030000060**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Care Plus Nursing Services & Training.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Care Plus Nursing Services & Training, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Commonwealth Care Inc., Sterling, Medication Aide Training Program, 0030000048**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Commonwealth Care, Inc.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Commonwealth Care Inc., Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Community Healthcare Training Academy, LLC, Martinsville, Medication Aide Training Program, 0030000277**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Community Healthcare Training Academy, LLC.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Community Healthcare Training Academy, LLC, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Dominion House, LLC, Great Falls, Medication Aide Training Program, 0030000217**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Dominion House, LLC.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Dominion House, LLC, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Faithful Nursing Resources, Charlottesville, Medication Aide Training Program, 0030000240**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Faithful Nursing Resources.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Faithful Nursing Resources, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Family Horizons Home Health Care Agency, Stafford, Medication Aide Training Program, 0030000175**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Family Horizons Home Health Care Agency.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Family Horizons Home Health Care Agency, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Healthcare Solutions by Katoria, Fredericksburg, Medication Aide Training Program, 0030000187**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Healthcare Solutions by Katoria.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Healthcare Solutions by Katoria, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Imperial Plaza Assisted Living Community, Richmond, Medication Aide Training Program, 0030000046**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Imperial Plaza Assisted Living Community.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Imperial Plaza Assisted Living Community, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Langford Training Center, Highland Springs, Medication Aide Training Program, 0030000101**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Langford Training Center.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Langford Training Center, Medication Aide Training Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

**Medical Career Academy, Prince George, Nurse Aide Education Program, 1414100952**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Dr. Gleason ruled that adequate notice was provided to Medical Career Academy.

**ACTION:**

Dr. Parke moved to recommend that approval to operate Medical Career Academy, Nurse Aide Education Program, be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on January 23, 2024

Meeting adjourned at 10:08 a.m.

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Jacquelyn Wilmoth, MSN, RN  
Deputy Executive Director