

# VIRGINIA BOARD OF NURSING

## Final Agenda

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

**Tuesday, September 19, 2017**

### **9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board - Conference Center Suite 201 – Board room 2**

**Call to Order:** Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

#### **Establishment of a Quorum.**

#### **Announcements:**

- Welcome to New Board Members:
  - Laura F. Cej, BS. LPN, CCRP
  - Margaret Joan Friedenberg, Citizen Member
  - Michelle D. Hereford, MSHA, RN, FACHE
  - Ethlyn McQueen-Gibson, MSN, RN, BC
- Robin L. Hills, DNP, WHNP-BC, RN, CNE, has accepted the Deputy Executive Director for Advanced Practice and started on September 11, 2017
- Jay Douglas, Board of Nursing Executive Director, was honored as a recipient of the Fifteen Year Executive Officer Recognition Award at the NCSBN Annual Meeting on August 17, 2017
- Jay Douglas, Board of Nursing Executive Director, was honored for three years of service to Executive Committee of the NLCA, 2014 – 2017 and elected as Vice Chair of the New NLC Commission

#### **Upcoming Meetings:**

- Executive Committee Meeting of the NLC Commission is scheduled for September 27-28, 2017 in Aspen, CO – Ms. Douglas will attend
- 2017 NCSBN Leadership and Public Policy Conference, October 11-12, 2017, in New Orleans

#### **Dialogue with DHP Director – Dr. Brown**

**Review of the Agenda:** (Except where times are stated, items not completed on July 18, 2017 will be completed on July 19, 2017.)

1. Additions, Modifications
2. Adoption of a Consent Agenda

#### **Disposition of Minutes:**

C July 17, 2017	Panel – Dr. Hahn*
C July 18, 2017	Quorum – Dr. Hahn*
C July 19, 2017	Panel – Dr. Hahn*
C July 19, 2017	Panel – Ms. Hershkowitz*
C July 20, 2017	Panel – Ms. Hershkowitz *

#### **Reports:**

- C Agency Subordinate Tracking Log\*
- C Finance Report as of June 30, 2017\*\*
- C Board of Nursing Monthly Tracking Log\*\*
- C Health Practitioners Monitoring Program Reports

- ❖ As of June 30, 2017\*
- ❖ April – June 2017 Quarterly Report\*
- ❖ As of July 31, 2017\*
- ❖ As of August 31, 2017\*\*
- Executive Director Report – Ms. Douglas
- NLC Commission August 15, 2017 Meeting report – Ms. Douglas
- NCSBN August 16-18, 2017 Annual Meeting reports – Dr. Ross/Mr. Monson/Ms. Douglas
- Guidance Document 90-57 (Bylaws) Committee July 18, 2017 Meeting Minutes – Ms. Hershkowitz/Ms. Douglas\*
- Board of Health Professions August 31, 2017 Meeting report – Ms. Minton
- CORE Committee May 16, 2017 Meeting Minutes – Ms. Minton\*\*

#### **Other Matters:**

- Board Counsel Update – Charis Mitchell (oral report)
- American Nurses Credentialing Center (ANCC) and CGFNS International, Inc. Announce Exclusive Strategic Partnership for International Credentialing – FYI\*
- Guidance Document 90-6 (PICC Line Insertion and Removal) Committee July 18, 2017 Meeting Minutes and Proposed Amendments to GD 90-6 – Ms. Hershkowitz/Ms. Douglas\*\*
- Simulation Guidance Document 90-24 Committee Report (**REVISED VERSION**) – Dr. Hahn\*\*

#### **Education:**

- Education Informal Conference Committee August 31, 2017 Minutes and Recommendation – Dr. Hahn\*\*
- Education Informal Conference Committee September 13, 2017 Minutes and Recommendations – Dr. Hahn
- Education Staff Report – Ms. Ridout (oral report)
- Mary Marshall Scholarship Fund – Dr. Saxby

#### **10:00 A.M. – Public Hearings to receive Comments on:**

- Name Tag Requirement, 18VAC90-19\*
  - Proposed Amendment to Name Tag Requirement\*\*
- Accreditation of Pre-Licensure Educational Programs for Registered Nursing, 18VAC90-27-10\*
  - ProposedM Accreditation of RN Education Programs\*\*

#### **Legislation/Regulations:**

- Status of Regulatory Actions – Ms. Yeatts\*\*
- Massage Therapy Proposed Regulatory Action – Ms. Yeatts\*\*

#### **Consent Orders: (Closed Session)**

- George Wilson Cobbler, III, RN\*
- Alexandria Denise Blackmon, RN\*
- Amanda Michelle Deguel, RN\*

#### **12:30 – 1:20 P.M. – Lunch for Outgoing Board Member Recognition**

- Guia Caliwagan, RN, MAN, EdS
- Regina Gilliam, LPN
- Jeanne E. Holmes, Citizen Member
- Kelly S. McDonough, DNP, RN
- William Traynham, LPN, CSAC

**1:30 – 5:00 P.M. – Board Development Workshop in Board Room 2 → Agenda\*\***

#### **ADJOURNMENT**

Guidance Document 90-57 (Bylaws) Committee Meeting → will meet on **Wednesday, 9/20, in BR2 at 8:30 am**  
**Board Members** – Ms. Hershkowitz\*, Ms. Gerardo, and Mr. Monson  
**Board Staff** – Ms. Douglas

Nurse Aide Curriculum Committee Meeting → will meet on **Thursday, 9/21, in BR3 from 10am – 12 pm**  
**Board Members** – Dr. Hahn\* Mr. Monson, and Ms. Phelps  
**Board Staff** – Dr. Saxby and Ms. Krohn

(\* mailed 9/1) (\*\* mailed 9/8)

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 17, 2017**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 17, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President  
Mark Monson, Citizen Member  
Jennifer Phelps, LPN, QMHPA  
Rebecca Poston, PhD, RN, CPNP-PC  
Dustin S. Ross, DNP, MBA, RN

**STAFF PRESENT:**

Brenda Krohn, RN, MS; Deputy Executive Director  
Jodi P. Power, RN, JD; Deputy Executive Director  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

Erin Barrett, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

With five members of the Board present, a panel was established

**FORMAL HEARINGS:**

**Esther Obi Adefoku, CNA 1401-110507**  
Ms. Adefoku appeared.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Deborah Difalco, Senior Investigator, Department of Health Professions, Pamela Reynolds, Administrator/President of Allegiance Home Care, and Emmy Byrnes, Supervisor at Merry Maid, testified via telephone.

**CLOSED MEETING:**

Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Adefoku. Additionally, Dr. Ross moved that Ms. Power, Ms. Graham, and Ms. Barrett 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 12:42 P.M.

Ms. Phelps 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 and carried unanimously.

Dr. Ross moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:** Mr. Monson moved the Board of Nursing reprimand Esther Obi Adefoku. The motion was seconded and carried unanimously.

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

**RECESS:** The Board recessed at 12:50 P.M.

**RECONVENTION:** The Board reconvened at 2:00 P.M.

**FORMAL HEARINGS:** **Amy Nicole Richbourg, RN 0001-220821**  
Ms. Richbourg appeared represented by Mark Gardner, her attorney.

Amy Weiss, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Pat Dewey, Senior Investigator, Department of Health Professions, was present and testified.

**CLOSED MEETING:** Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:49 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Richbourg. Additionally, Dr. Ross moved that Ms. Krohn, Ms. Power, Ms. Graham, and Ms. Barrett 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 3:05 P.M.

Ms. Phelps 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 and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss, and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:**

Mr. Monson moved that the Board of Nursing approve Ms. Richbourg's application for reinstatement to practice professional nursing in the Commonwealth of Virginia only and issue a reprimand. The motion was seconded and passed with four votes in favor. Dr. Ross opposed the motion.

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

**ADJOURNMENT:**

The Board adjourned at 3:15 P.M.

---

Brenda Krohn, RN, MS  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
MINUTES  
July 18, 2017**

**TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:00 A.M. on July 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**PRESIDING:** Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

**BOARD MEMBERS PRESENT:**

Louise Hershkowitz, CRNA, MSHA; Vice President  
Marie Gerardo, MS, RN, ANP-BC; Secretary  
Guia Caliwagan, RN, MAN, EdS  
Alice Clark, Citizen Member  
Trula Minton, MS, RN  
Mark D. Monson, Citizen Member  
Jennifer Phelps, LPN, QMHPA  
Rebecca Poston, PhD, RN, CPNP-PC  
Dustin Ross, DNP, MBA, RN, NE-BC

**BOARD MEMBERS ABSENT:**

Regina Gilliam, LPN  
Jeanne Holmes, Citizen Member  
Kelly McDonough, DNP, RN  
William Traynham, LPN, CSAC

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Brenda Krohn, RN, MS; Deputy Executive Director  
Jodi P. Power, RN, JD; Deputy Executive Director  
Stephanie Willinger; Deputy Executive Director  
Linda Kleiner, RN, Discipline Case Manager  
Paula B. Saxby, RN, PhD; Deputy Executive Director  
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant  
Huong Vu, Executive Assistant

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel  
Lisa Hahn, Department of Health Professions Chief Deputy  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

**IN THE AUDIENCE:**

Becky Bower-Lanier, VA Chapter of American Massage Therapy Association (AMTA)  
W. Scott Johnson, Medical Society of Virginia (MSV)  
Richard Grossman, Virginia Association of Certified Nurse Practitioners (VCNP)  
Pam Crowder, Graduate Student at George Mason University  
Monica DeJesus, Board Staff  
Lakisha Goode, Board Staff

**ESTABLISHMENT OF A QUORUM:**

With 10 members present, a quorum was established.

**ANNOUNCEMENTS:** Dr. Hahn noted the announcements on the Agenda. Ms. Douglas welcomed Ms. DeJesus and Ms. Goode as new staff.

**UPCOMING MEETINGS:** Dr. Hahn noted the upcoming meetings on the agenda. Ms. Douglas added that Ms. Phelps will not be able to attend the NCSBN Annual Meeting in August 2017.

**DIAGLOGUE WITH DHP  
DIRECTOR:**

Lisa Hahn, DHP Chief Deputy, provided the following information on behalf of Dr. Brown:

- DHP now has a new policy regarding disciplinary proceedings per guidance from the Office of Attorney General (OAG) stating that Adjudication Specialist who sits in closed meeting at the informal conference is not going to be representing the Commonwealth at the formal hearing, a new Adjudication Specialist will be assigned to the case going to formal hearing. This does not affect informal conference conducted by Agency Subordinates since there is no closed meeting.
- The Per Diem for Board Members has been reinstated and went into effect on July 1, 2017.

Lisa Hahn thanked Board Members for their service.

**ORDERING OF AGENDA:** Dr. Hahn asked staff to provide additions and/or modifications to the Agenda.

Ms. Douglas indicated the following items have been added and/or modified to the agenda for Board consideration:

- Public Hearing regarding is scheduled at 10 am regarding regulations for the licensure and practice of massage therapists
- Board retreat for September 2017 meeting
- Board appeals update has been removed
- An additional Consent Order regarding Kristin Tucker Tharpe, RN has been added

Ms. Krohn added the following:

- On Wednesday, July 19, Panel A – Comfort Owusu Agyei, CNA (#9) and Jason Catalan, RN (#37) plan to attend for consideration of the Agency Subordinate recommendations. The Formal Hearings of Puckett, and Mitchell have been continued.
- On Wednesday, July 19, Panel B – Charles Jude Johnson, RN (#28) plans to attend for consideration of the Agency Subordinate recommendations.



- The Formal Hearings for Hypes has been continued on Thursday, July 20, 2017. Ms. Gerardo will chair Murphy's formal hearing since Ms. Hershkowitz is conflicted.

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

Mr. Monson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Minutes:

May 15, 2017	Panel - Dr. Hahn
May 16, 2017	Quorum – Dr. Hahn
May 17, 2017	Panel A – Dr. Hahn
May 17, 2017	Panel B – Ms. Gerardo
May 18, 2017	Panel – Ms. Gerardo
June 15, 2017	- Telephone Conference Call

Reports:

Agency Subordinate Tracking Log  
Finance Report for May 2017  
Nursing Monthly Tracking Log-Licensure and Disciplinary Statistics  
Health Practitioners Monitoring Program as of May 31, 2017

REPORTS:

**Executive Director Report:**

Ms. Douglas highlighted the following from her written report:

- The NCSBN Executive Officer (EO) Summit in May 2017 – a meeting for Executive Directors that Ms. Douglas attended. Highlights of the meeting were:
  - ❖ As result of BREXIT, nurses are going back home. England is entering international market and it is difficult for international nurses to get licenses in England due do specific practice hour requirements.
  - ❖ There is a large turnover of Executive Directors (EDs) in many U.S. jurisdictions, two-third of the EDs have been on the job for five years or less. NCSBN has a mentoring program in place to assist EDs across the U.S. jurisdictions. A session led by David Benton, NCSBN Executive Officer, addressed updating of Executive Officer Competencies.
  - ❖ Anna Polyak, JD, RN, AANA, presented about CRNA legislation nationally and policy making, identified challenges and opportunities faced by the states particularly related to trends toward deregulation and consolidation of Boards.
  - ❖ Greg Harris spoke about technology changing practice noting that Boards need to keep pace as legislation evolving and keep focus on public protection.

- Dr. Silverman, HPMP CEO, met with Ms. Douglas on June 28, 2017 and the outcomes were:
  - ❖ HPMP's willingness to provide training for new Board members to review SA/CD/MH issues,
  - ❖ HPMP's willingness to do annual review and update
  - ❖ Recommendations were made to HPMP regarding initial contact with respondents to be sure respondents have a clear understanding of what they are expected to complete and the financial expenses.
- Ms. Douglas and Dr. Harp, Board of Medicine Executive Director, were invited to a meeting with Delegate Robertson and key nurse practitioner stakeholder group on June 30, 2017:
  - ❖ Nurse Practitioners' scope of practices and barriers to changes
  - ❖ Function of the Joint Boards and how it works
- New version of the Nurse Licensure Compact (NLC) is anticipated to occur this Fall. Seven states not formerly in the NLC have passed legislation to join the new compact when it goes into effect. Ms. Douglas informed the Board of the impact of lost revenues due to this new compact. Data was asked to run an initial report which showed a loss of approximately 5,000 nurses (RNs and LPNs) which estimates to be about \$627,000.00 loss of revenue. This number represents Virginia licensees with an address in those states. New states joining the eNLC will identify the number of licensees with addresses in Virginia. Ms. Douglas noted that when the Board joined the Compact in 2005, the Board lost about 11,000 nurses and within a month the number stabilized as nurses became licensed based on primary state of residence.
- Interviews are scheduled on July 25 and 27, 2017 for the Deputy Executive Director for Advance Practice position.
- NCSBN has worked closely with national certifying bodies to make verification of APRN available on NURSUS. The first national specialty certification made available is CRNA's through a collaborative effort with AANA. Ms. Douglas commented that it is complicated in Virginia because CRNA's and CNM's are licensed as nurse practitioners, which is not true in all states. Ms. Douglas noted that cleaning up data in MLO is in the planning.

Mr. Monson expressed interest in attending HPMP training. Ms. Douglas said that she would arrange for substance abuse disorder training to occur at future meeting.

Lisa Hahn and Ms. Yeatts left the meeting at 9:35 A.M.

**NLCA Executive Committee May 22-25, 2017 Meeting Report:**

This item was included in Ms. Douglas' Executive Director report.

**NCSBN Discipline Case Management June 12-14, 2017 Conference**

**Report:**

Ms. Douglas stated that Ms. Tonya James, Compliance Case Manager for the Board, has submitted a written report of the Conference.

**NCSBN Executive Officer June 19-21, 2017 Summit Report:**

This item was included in Ms. Douglas' Executive Director report.

**Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Business Meeting minutes and recommendation:**

Ms. Hershkowitz reviewed the following from the Committee of the Joint Board June 7 Business meeting:

- Pain Management Emergency Regulations
- NOIRA for supervision and direction of laser hair removal
- Telemedicine guidance document
- Proposal of eliminating prescriptive authority license

Ms. Hershkowitz moved to accept the Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Business meeting minutes and to endorse the recommendation to initiate regulatory action to issue a single license for an LNP with Prescriptive Authority. The motion was seconded and carried unanimously.

**Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Informal Conference minutes:**

Ms. Hershkowitz moved to accept the Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Informal Conference minutes. The motion was seconded and carried unanimously.

**OTHER MATTERS:**

**DHP Policy on Per Diems for Board Members:**

Ms. Douglas commented that this policy went into effect on July 1, 2017 and reviewed frequently asked questions. Ms. Douglas noted that Members of Advisory Committee of the Joint Boards are not eligible for per diem since they are not created by appointed bodies. Ms. Douglas added that an estimate per diem expenses per year for Board of Nursing is \$24,550.00.

DHP Policy 76-90 was provided to Board Members.

**Summary of Recommendations to the 2017 NCSBN Delegate Assembly:**

Ms. Douglas stated that this information is shared with the Board so that it may be aware of what NCSBN's recommendations for the 2017 Delegate Assembly in August. She added that the 2017 Annual Meeting business book is not available yet.

**George Washington University Simulation Conference:**

Dr. Hahn stated that the Conference is intended to look at best practices and it will target a regional audience of MD, DC, and VA. She added that no date has been set yet.

**Planning for Recognition of Outgoing Board Members:**

Dr. Hahn stated that lunch is planned to recognize the Outgoing Board Members in September, followed by a Board retreat.

**Letter from NCSBN President Katherine Thomas:**

Ms. Douglas stated that this is a good summary of what NCSBN will discuss at its annual meeting in August 2017. She suggested Dr. Ross and Mr. Monson to review the information prior to the meeting.

**DHP Key Performance Measures (KPM) for Q4 2017:**

Ms. Douglas stated that the Board continues to struggle meeting the key performance measures due to continuance requests. She added that as of September 1, 2017, when a continuance is granted, the clock is stopped in MLO and the Board is not penalized for not meeting KPM of patient care cases closed within 250 business days.

**PUBLIC HEARING:**

To receive comments on Proposed Regulations for the Licensure and Practice of Massage Therapists.

The Board received one comment as follow:

Becky Bowers-Lanier, Virginia Chapter of American Massage Therapy Association (AMTA), commented that the regulations are fairly current and asked the Board to consider increasing Ethic requirement for continuing education.

Dr. Hahn stated that written comments should be submitted Ms. Yeatts and the public comment period will end on October 11, 2017.

**RECESS:**

The Board recessed at 10:10 AM

**RECONVENTION:**

The Board reconvened at 10:27 AM

**POLICY FORUM:**

“Chronic Pain Case Study” presentation by Dr. Cathy A. Harrison, DNAP, MSN, CRNA

Ms. Hershkowitz introduced Dr. Harrison and noted that Dr. Harrison has many years of experience and retired last year as a Navy Officer.

Dr. Harrison thanked the Board for the opportunity to present and provided the following information:

- The Virginia Action Coalition/Access to Care Workgroup was established in the 2000
- The goal is to inform the public about non-medication strategies to manage pain
- Discussion of chronic pain and opioid epidemic
- CDC recommendations for managing chronic pain.

Dr. Harrison noted that the presentation also has the script so the public can follow along. She added that the work is in process to make this presentation and the script available on Virginia Nurses Association (VNA) website.

Dr. Hahn suggested also making the presentation available in video format. Dr. Harrison commented that it was a good idea.

Ms. Hershkowitz suggested developing a one-page summary of the presentation so that it can be posted on website to draw attention of the public. Dr. Harrison thanked her for the suggestion.

Ms. Douglas noted that the presentation and script have been shared with Dr. Brown to assist with the work of the state task force on education. She added that Dr. Harrison has been hired by DHP as Investigator.

Ms. Douglas stated that VNA is planning an opioid conference and more information will be provided once it is available.

Ms. Yeatts re-joined the meeting at 10:55 A.M.

EDUCATION:

**Education Special Conference Committee July 12, 2017 Minutes and Recommendations:**

Dr. Hahn reviewed the July 12, 2017 Committee works as referenced in minutes and two recommendations for Board consideration and action. She thanked Ms. Hershkowitz for being a Committee member.

Mr. Monson moved to accept the minutes and recommendations as presented. The motion was seconded and passed unanimously.

**Education Staff Report:**

Ms. Ridout reported on the following:

- James Madison University (JMU) will be partnering with Blue Ridge Community College (BRCC) to offer a dual enrollment program beginning in the Fall of 2017. Participating students will be able to complete their baccalaureate degree in nursing in one to two years after graduating from BRCC with an associate degree in nursing.
- Riverside College Health Careers was recognized on the first Forbes list of the top 30 trade schools in America. The data points for those

making list included earnings upon graduation and affordability and quality of education.

- Two students from the Giles County Technical School practical nursing program completed a community awareness project regarding the dual diagnosis of mental illness and the drug addiction epidemic. The students recently presented a poster on their project at both the state and national HOSA-Future Health Professionals Conferences. Their community awareness project placed first at both conferences.

Board Members requested that the students be invited to present at the future meeting of the Board.

**Update on Nurse Aide Testing:**

Dr. Saxby reported that the transition to the new nurse aide testing process had many issues during May and June, but they have been mostly resolved. She added that the new testing process started on May 19, 2017. She noted that toll free number will be available next week. PearsonVUE staff have been very responsive to issues as they occur.

The Virginia Board of Nursing sent a representative to the nurse aide test setting meeting hosted by NCSBN in July.

Ms. Douglas commented that there have been reports of students being rude during the nurse aide exam. PearsonVUE on the NCLEX side has been down several times during the past month. PearsonVUE staff are working on a fix for their system errors.

Ms. Minton recognized Dr. Saxby and Ms. Ridout on dealing with student issues, especially with Horizontal Violence and bullying.

**LEGISLATION/  
REGULATION:**

**Status of Regulatory Action:**

Ms. Yeatts stated that two regulatory actions, Name tag and Accreditation of Nursing Education Programs, are still at the Governor's Office for approval.

**Re-adoption of Emergency Regulations Governing Prescribing of Opioids and Buprenorphine for Nurse Practitioners and Adoption of Proposed Regulations to replace the Emergency Regulations:**

Ms. Yeatts stated that the emergency regulations were reviewed to determine whether any immediate changes needed to be made. Input from the Virginia Department of Health (VDH), the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), Department of Health Professions (DHP) and great deal of testimonies from prescribers and patients regarding financial hardship and naloxone intolerance were considered. Ms. Yeatts noted that the re-adoption of emergency regulations was adopted by the Board of Medicine on June 22,

2017. She added that once the Governor approves the regulations, it will be effective immediately.

Ms. Yeatts then noted the following recommended changes to the regulations for nurse practitioners:

- The term “*abuse*” is replaced with the term “*misuse*” throughout the regulations because “*misuse*” is broader and it refers to diversion.
- It was determined that “3%” threshold would be enough to cover naloxone intolerance in 18VAC90-40-270(A)(4)

Ms. Yeatts stated that the amendments to emergency regulations on nurse practitioner regulations for prescribing opioids and buprenorphine consistent with regulations for Medicine and the adoption of proposed regulations to replace emergency regulations are present for Board action.

Mr. Monson moved to adopt the amendments to emergency regulations on nurse practitioner regulations for prescribing opioids and buprenorphine as present. The motion was seconded and passed unanimously.

Mr. Monson moved to adopt the proposed regulations to replace emergency regulations as present. The motion was seconded and passed unanimously.

**NOIRA for supervision and direction of laser hair removal by Nurse Practitioners:**

Ms. Yeatts noted that the HB2119 was passed by the 2017 General Assembly and it became law as of July 1, 2017. Ms. Yeatts added that the regulations for nurse practitioners will need to be amended to define “direction and supervision” and to provide guidance about the practitioner responsibility relative to a “properly trained person.”

Mr. Monson moved to adopt a NOIRA to implement HB2119 in 18VAC90-30, Regulations Governing the Practice of Nurse Practitioners as present. The motion was seconded and passed unanimously.

**Adoption of Guidance Document (GD) on the Telemedicine for Nurse Practitioners:**

Ms. Yeatts stated that GD 90-64 (Telemedicine for Nurse Practitioners) must be amended due to recent amendments to the Code on prescribing by telemedicine. Ms. Yeatts noted that the Board of Medicine approved both their GD and this GD on June 22, 2017.

Mr. Monson moved to adopt the revised GD 90-64 as present. The motion was seconded and passed unanimously.

**Consideration of Amendment to Requirements for Applicants from Other Countries:**

Ms. Yeatts stated that the proposed amendment to 18VAC90-19-120 (Licensure by Endorsement) for foreign-trained graduates is present for Board consideration. Ms. Yeatts added that for foreign-trained applicants by endorsement, who have license in another U.S. jurisdiction, may already have their credentials review by CGFNS and an examination of English proficiency, so it may be unnecessarily burdensome and create delays in licensure to repeat the same requirements.

Ms. Douglas noted that the Virginia Hospital and Healthcare Association brought this matter to the Board for consideration.

Ms. Yeatts suggested that the word “*shall*” before “*be waived if*” in 18VAC90-19-120.A(2) be replaced with the word “*may*”. All agreed

Mr. Monson moved to adopt the proposed amendment to requirements for applicants from other countries as present. The motion was seconded and passed unanimously.

**Adoption of Amendment to correct section referring to Practice Agreements for Prescriptive Authority:**

Ms. Yeatts stated that the Code was amended in 2016 relating to practice agreements, but 18VAC90-40-120 was overlooked. It is present for Board’s adoption of the proposed amendments by a fast-track action. Ms. Douglas added that this is a technical amendment.

Ms. Hershkowitz moved to adopt the proposed amendments to 18VAC90-40-120 as present by a fast-track action. The motion was seconded and passed unanimously.

Ms. Yeatts and Ms. Ridout left the meeting at 11:42 A.M.

**CONSIDERATION OF CONSENT ORDERS:**

**CLOSED MEETING:** Ms. Garardo moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:42 A.M. for the purpose of deliberation to consider consent orders. Additionally, Ms. Garardo moved that Ms. Douglas, Ms. Power, Ms. Krohn, Ms. Willinger, Dr. Saxby, Ms. Kleiner, Ms. Tiller, Ms. Vu, and Mr. Rutkowski 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 11:45 A.M.



Ms. Gerardo 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 and carried unanimously.

**Patricia Flanagan Demasi, RN 0001-131911**

Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of Patricia Flanagan Demasi's right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Rob Allen Kuschel, RN 0001-192106**

Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of Rob Allen Kuschel's right to renew his license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Michelle Louise Stevans, LPN 0002-036767**

Mr. Monson moved to accept the consent order to accept the voluntary surrender for indefinite suspension of Michelle Louise Stevans' license to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The suspension is stayed upon proof of Ms. Stevans' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Paul M. Colton, RN 0001-233424**

Mr. Monson moved to accept the consent order to reinstate the license of Paul M. Colton to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

**Kristin Tucker Tharpe, RN 0001-197232**

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Kristin Tucker Tharpe to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The suspension is stayed contingent upon Ms. Tharpe's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:49 A.M.

---

Joyce Hahn, PhD, RN, NEA-BC, FNAP  
President

DRAFT

**VIRGINIA BOARD OF NURSING**  
**MINUTES**  
**July 19, 2017**  
**Panel – A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on July 19, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President  
Alice Clark, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
Trula Minton, MS, RN  
Jennifer Phelps, LPN, QMHPA  
Rebecca Poston, PhD, RN, CPNP-PC

**STAFF PRESENT:**

Brenda Krohn, RN, MS; Deputy Executive Director  
Jane Elliott, RN, PhD; Discipline Staff  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**Alie Bundu, CNA 1401-112189**

Ms. Bundu appeared.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:11 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Bundu. Additionally, Ms. Gerardo moved that Ms. Krohn, Ms. Graham 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 9:17 A.M.

Ms. Gerardo 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 and carried unanimously.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Alie Bundu to practice as a

nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse and a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**Comfort Owusu Agyei, CNA 1401-158489**

Ms. Agyei appeared.

**CLOSED MEETING:** Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:21 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Agyei. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 9:25 A.M.

Ms. Gerardo 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 and carried unanimously.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand. The motion was seconded and carried unanimously.

**CLOSED MEETING:** Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:30 A.M., for the purpose of consideration of the remaining agency subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 9:40 A.M.

Dr. Poston 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 and carried unanimously.

**Jason A. Panek, RN 0001-263727**

Mr. Panek did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to impose no sanction against Jason A. Panek. The motion was seconded and carried unanimously.

**Anita Afriyie, CNA 1401-177845**

Ms. Afriyie did not appear.

Ms. Minton moved that the Board of Nursing accept the recommendation decision of the agency subordinate to reprimand Anita Afriyie and to impose a monetary penalty of \$200.00 to be paid to the Board within 90 days. The motion was seconded and carried unanimously.

**Shana Tyler, CNA 1401-157337**

Ms. Tyler did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Shana Tyler 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 and carried unanimously.

**Jasmine Lashay Myers, CNA 1401-140539**

Ms. Myers did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Jasmine Lashay Myers to practice as nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**Heather Lou Palmer, LPN 0002-067271**

Ms. Palmer did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Heather Lou Palmer to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Demetrica Lashawn Murphy, LPN 0002-078300**

Ms. Murphy did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of Demetrica Lashawn Murphy to practice practical nursing in the Commonwealth of Virginia for a period of not

less than one year from the date of entry of the Order; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Katherine White Stott, RN 0001-076757**

Ms. Stott did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Katherine White Scott and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Abigail Lebron-Cannon, RN 0001-223718**

Ms. Lebron-Cannon did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to continue Abigail Lebron-Cannon on probation. The motion was seconded and carried unanimously.

**Laurelyn M. Arthur, CNA 1401-164566**

Ms. Arthur did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Laurelyn M. Arthur 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 and carried unanimously.

**Ama Akumanyi, CNA 1401-100650**

Ms. Akumanyi did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Ama Akumanyi to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse and Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**Anleah R. Watson, CNA 1401-157322**

Mr. Watson did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Anleah R. Watson 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 and carried unanimously.

**Gareth John Reeves, RN 0001-156986**

Mr. Reeves did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Mr. Reeves' continued compliance with the terms and conditions of his Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) for a period specified in the Contract. The motion was seconded and carried unanimously.

**Lisa Danielle Eure Blowe, LPN 0002-065130, NC license 061135 with Multistate Privilege**

Ms. Blowe did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the multistate privilege and the right of Lisa Danielle Eure Blowe to renew her license and to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**C. Renee' Thomas Carr Zeigler, RN 0001-110838**

Ms. Zeigler did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to place C Renee' Thomas Carr Zeigler on indefinite probation subject to terms and conditions. The motion was seconded and carried unanimously.

**Carlotta Jane Sloan, RN 0001-172997**

Ms. Sloan did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Carlotta Jane Sloan and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order; said suspension applies to any multistate privilege. The motion was seconded and carries unanimously.

**Delores Bonn Smith, RN 0001-100511**

Ms. Smith did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend right of Delores Bonn Smith to renew her license to practice professional nursing in the Commonwealth of Virginia; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Jason Catalan, RN 0001-258385**

Mr. Catalan did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time contingent upon Mr. Catalan's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered and remaining in compliance thereafter with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Delcia Elaine Ellis, LPN 0002-065974**

Ms. Ellis did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Delcia Elaine Ellis. The motion was seconded and carried unanimously.

**David Barclay Joseph Patterson, RN 0001-233391**

Mr. Patterson did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand David Barclay Joseph Patterson and to indefinitely suspend his license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**ADJOURNMENT:** The Board adjourned at 9:45 A.M.

---

Brenda Krohn, RN, MS  
Deputy Executive Director



**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 19, 2017  
Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 19, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Joyce Hahn, PhD, RN, NEA-BC, FNAP; President  
Marie Gerardo, MS, RN, ANP-BC  
Alice Clark, Citizen Member  
Trula Minton, MS, RN  
Jennifer Phelps, LPN, QMHPA  
Rebecca Poston, PhD, RN, CPNP-PC

**STAFF PRESENT:**

Brenda Krohn, RN, MS; Deputy Executive Director  
Jane Elliott, RN, PhD; Discipline Staff  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel  
PN Students from Valley Career and Technical Center

**ESTABLISHMENT OF A PANEL:**

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

**FORMAL HEARINGS:**

**Brittany Monee Vallery, LPN 0002-089595**  
Ms. Vallery did not appear.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kim Martin, Senior Investigator, Department of Health Professions, testified via telephone.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:25 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Vallery. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 10:33 A.M.

Ms. Gerardo 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 and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact presented by Ms. Gaines. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Phelps moved that the Board of Nursing indefinitely suspend the license of Brittany Monee Vallery to practice practical nursing in the Commonwealth of Virginia for not less than one year from entry of the Order. The motion was seconded and carried unanimously.

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

**FORMAL HEARINGS:**

**Danielle Marie Nelson, RN 0001-203756**

Ms. Nelson did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Naima Feller, Senior Investigator, Department of Health Professions, was present and testified.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:23 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Nelson. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 11:38 A.M.

Ms. Gerardo 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 and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:** Ms. Minton moved that the Board of Nursing indefinitely suspend the license of Danielle Marie Nelson to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded and carried unanimously.

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

**RECESS:** The Board recessed at 11:40 A.M.

**RECONVENTION:** The Board reconvened at 2:00 P.M.

**FORMAL HEARINGS:** **Judy Lynn Camden, CNA 1401-019091**  
Ms. Camden did not appear.

Steve Bulger, Adjudication Specialist, presented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, was present and testified.

**CLOSED MEETING:** Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:22 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Camden. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham 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 and carried unanimously.

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

Ms. Gerardo 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 and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger. The motion was seconded and carried unanimously.

**ACTION:** Dr. Poston moved that the Board of Nursing deny the application of Judy Lynn Camden for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia and revoke her right to renew her certificate with a

Finding of Misappropriation of patient proper in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 2:31 P.M.

---

Brenda Krohn, RN, MS  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**MINUTES**  
**July 19, 2017**  
**Panel – B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:12 A.M. on July 19, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Louise Hershkowitz, CRNA, MSHA, Vice President  
Guia Caliwagan, RN, MAN, EdS  
Mark Monson, Citizen Member  
Kelly McDonough, DNP, RN  
Dustin Ross, DNP, MBA, RN, NE-BC

**STAFF PRESENT:**

Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Jodi Power, RN, JD; Deputy Executive Director  
Huong Vu, Executive Assistant

**OTHERS PRESENT:**

Erin Barrett, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**Charles Jude Johnson, RN 0001-235703**

Mr. Johnson appeared.

**CLOSED MEETING:**

Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:18 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Mr. Johnson. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 9:21 A.M.

Mr. Monson 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 and carried unanimously.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Mr. Johnson's entry into the Virginia Health Practitioners' Monitoring Program

(HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Oumie Sabally, CNA 1401-124968**

Ms. Sabally appeared.

**CLOSED MEETING:**

Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:27 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Sabally. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 9:29 A.M.

Dr. Ross 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 and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Oumie Sabally 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 and carried unanimously.

**Victoria Lewis, CNA 1401-138407**

Ms. Lewis did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Victoria Lewis. The motion was seconded and carried unanimously.

**Chelshea D. Brown, CNA 1401-156542**

Ms. Brown did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Chelshea D. Brown to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**Desiree L. Barnette, CNA 1401-168347**

Ms. Barnette did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Desiree L. Barnette to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**Tamekka Michelle Bailey, CNA 1401-101537**

Ms. Bailey did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Tamekka Michelle Bailey 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 and carried unanimously.

**Tina Godsey Haggerty Richardson, RN 0001-120056**

Ms. Richardson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to:

- Reprimand Tina Godsey Haggerty Richardson;
- Require Ms. Richardson complete the NCSBN online course “*Virginia Nurse Practice Act*” within 60 days of the entry of the Order;
- Assess Ms. Richardson a monetary penalty of \$500.00 to be paid to the Board within 60 days from the date of entry of the Order; and
- Require Ms. Richardson to review Virginia Code §54.1-3408, the Virginia Drug Control Act, and submit to the Board within 60 days of the entry of the Order a written statement as to her understanding of the circumstances and/or situation in which the VDCA allows for the use of a standing order by a professional nurse in the Commonwealth.

The motion was seconded and carried unanimously.

**Brittney Nicole Armbrister Moore, RN 0001-241913**

Ms. Moore did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Brittaney Nicole Armbrister Moore to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Linda Lenell Patterson, LPN 0002-055982**

Ms. Patterson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate revoke the license of Linda Lenell Patterson to practice practical nursing in the Commonwealth of Virginia, said revocation applies to any multistate privilege. The motion was seconded and carried unanimously.

**Tia Crider, CNA 1401-171919**

Ms. Crider did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Tia Crider to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**Keima L. Henderson, LPN 0002-090822**

Ms. Henderson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Keima L. Henderson to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Catrina Rogers Brown, LPN 0002-055023**

Ms. Brwon did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Catrina Rogers Brown to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Aileen M. Ocampo, RN 0001-246991**

Ms. Ocampo did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to no take no action at this time, contingent upon Ms. Ocampo's entry into the Virginia Health Practitioners' Monitoring Program (HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.



**Susan Anne Shifflett, CNA 1401-171083**

Ms. Shifflett did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Susan Anne Shifflett. The motion was seconded and carried unanimously.

**Lynn Marie Vanderwerff, LPN 0002-057785**

Ms. Vanderwerff did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Lynn Marie Vanderwerff to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Tricia R. Perry, RN 0001-187594**

Ms. Perry did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Tricia R. Perry to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Kathy Ann Merone, RN 0001-154765**

Ms. Merone did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Ms. Merone's entry into the Virginia Health Practitioners' Monitoring Program (HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Mary Wayne McGhee, RN 0001-151338**

Ms. McGhee did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Mary Wayne McGhee and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Lucinda Ann Brooke, RN 0001-169506**

Ms. Brooke did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to continue Lucinda Ann Brooke on indefinite probation for a period of six additional months, subject to terms and conditions. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:36 A.M.

---

Jodi Power, RN, JD  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 19, 2017  
Panel – B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 19, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Louise Hershkowitz, CRNA, MSHA; Vice President, Chair  
Guia Caliwagan, RN, MAN, EdS  
Kelly McDonough, DNP, RN  
Mark Monson, Citizen Member  
Dustin Ross, DNP, MBA, RN, NE-BC  
Kristina Page, LMT – **LMT cases only**

**STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE; Executive Director – **joined at 11:14 A.M.**  
Jodi Power, RN, JD; Deputy Executive Director  
Huong Vu, Executive Assistant

**OTHERS PRESENT:** Erin Barrett, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**FORMAL HEARINGS:** **Billy Paul Park, LMT 0019-014462**  
Mr. Park did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Sherry Foster, Senior Investigator, Department of Health Professions, and Laura Cassidy were present and testified.

**CLOSED MEETING:** Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:34 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Park. Additionally, Dr. Ross moved that Ms. Power, Ms. Vu and Ms. Barrett 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 10:45 P.M.

Dr. Ross 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 and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:**

Dr. McDonough moved that the Board of Nursing revoke the license of Billy Paul Park to practice as a massage therapist in the Commonwealth of Virginia and impose a monetary penalty of \$5,000.00 to be paid to the Board within 120 days from entry of the Order. The motion was seconded and carried unanimously.

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

Ms. Caliwagan left the meeting at 10:50 A.M.

**RECESS:**

The Board recessed at 10:50 A.M.

**RECONVENTION:**

The Board reconvened at 11:01 A.M.

**FORMAL HEARINGS:**

**David Ali Zinatbakhsh, LMT 0019-010090**

Ms. Zinatbakhsh did not appear at the outset of the proceeding.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Sarah King, previously Burton, Senior Investigator, Department of Health Professions, and Lisa Limoges, Owner of Hand and Stone Massage & Facial Spa, were present and testified.

Ms. Douglas joined the meeting at 11:14 A.M.

Mr. Zinatbakhsh joined the hearing at 11:45 A.M.

Ryan Robertson, Conference Center Security Sergeant, provided testimony regarding Mr. Zinatbakhsh's arrival time.

Theresa Steve, Conference Center Security Staff, provided testimony regarding Mr. Zinatbakhsh's arrival time.

Ms. Hershkowitz ruled that the hearing would resume with Mr. Zinatbakhsh's participating.

**RECESS:**

The Board recessed at 12:44 P.M.

RECONVENTION: The Board reconvened at 12:49 P.M.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:15 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Zinatbakhsh. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:06 P.M.

Dr. Ross 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 and carried unanimously.

Dr. McDonough moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd, and amended by the Board. The motion was seconded and carried with four votes in favor of the motion. Mr. Monson opposed the motion.

ACTION: Dr. Ross moved that the Board of Nursing revoke the license of David Ali Zinatbakhsh to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded and carried with four votes in favor of the motion. Mr. Monson opposed the motion.

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

Ms. Page left the meeting at 2:10 P.M.

RECESS: The Board recessed at 2:10 P.M.

RECONVENTION: The Board reconvened at 2:40 P.M.

Ms. Caliwagan rejoined the meeting at 2:40 P.M.

FORMAL HEARINGS: **Janel Renee Butler, LPN Reinstatement 0002-091979**  
Ms. Butler appeared.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marcella Luna, Senior Investigator, Department of Health Professions, was present and testified. John Turner, Senior Investigator, Department of Health Professions, testified via telephone.

**CLOSED MEETING:** Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:47 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Butler. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 4:23 P.M.

Dr. Ross 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 and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:** Dr. Ross moved that the Board of Nursing deny the application of Janel Renee Butler for reinstatement of her practical nurse license and continue her on indefinite suspension until she can come to the Board and prove that she is safe and competent to practice nursing. The motion was seconded and carried unanimously.

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

**FORMAL HEARINGS:** **Ashleigh Anne Stover, LPN Reinstatement 0002-091484**  
Ms. Stover appeared accompanied by her parents.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, and Kelly D. Ashley, Senior Investigator, Department of Health Professions, were present and testified.

**CLOSED MEETING:** Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:45 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Stover. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 5:58 P.M.

Dr. Ross 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 and carried unanimously.

Ms. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones, and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:** Dr. Ross moved that the Board of Nursing deny the application of Ashleigh Anne Stover for reinstatement of her practical nurse license and continue her license on indefinite suspension until she can come to the Board and prove that she is safe and competent to practice nursing. The motion was seconded and carried unanimously.

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

**FORMAL HEARINGS:** **Lee Ann Nichols Willoughby, RN 0001-213773**  
Ms. Willoughby appeared accompanied by Steven Willoughby, her husband.

David Kazzie, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Wendy Morris, Senior Investigator, Department of Health Professions, and Kimberly Myrick, Case Manager, Virginia Health Practitioners' Monitoring Program (HPMP), testified via telephone.

Steven Willoughby was present and testified.

**CLOSED MEETING:** Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Willoughby. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

RECONVENTION: The Board reconvened in open session at 8:25 P.M.

Dr. Ross 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 and carried unanimously.

Ms. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Caliwagan moved that the Board of Nursing reprimand Lee Ann Nichols Willoughby and continue her on indefinite suspension, but stay suspension contingent upon her re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Geisha Yvonne Scott, RMA 0031-008353**

Ms. Scott did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:40 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Scott. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 and carried unanimously.

RECONVENTION: The Board reconvened in open session at 8:47 P.M.

Dr. Ross 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 and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

**ACTION:**

Dr. McDonough moved that the Board of Nursing revoke the registration of Geisha Yvonne Scott to practice as medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

**ADJOURNMENT:**

The Board adjourned at 8:50 P.M.

---

Jodi Power, RN, JD  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 20, 2017**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:01 A.M. on July 20, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

**BOARD MEMBERS PRESENT:**

Louise Hershkowitz, CRNA, MSHA; Vice President, Chair  
Marie Gerardo, MS, RN, ANP-BC  
Guia Caliwagan, RN, MAN, EdS  
Alice Clark, Citizen Member  
Kelly S. McDonough, DNP, RN – **joined at 2:30 P.M.**  
Trula Minton, MS, RN

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Jane Elliott, RN, PhD; Discipline Staff  
Huong Vu, Executive Assistant

**OTHERS PRESENT:**

Erin Barrett, Assistant Attorney General, Board Counsel  
Senior Nursing Students from VA Western Community College

**ESTABLISHMENT OF A PANEL:**

With five members of the Board present, a panel was established

**FORMAL HEARINGS:**

**Indea Jovone Thomas Watkins, RMA 0031-006162**  
Ms. Watkins did not appear.

Carla Boyd, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Lee Barlow, Human Resource Coordinator, Rosewood Village Assisted Living, and Ben Butler, LALA, Administrator, Riverdale Assisted Living, were present and testified. Kevin Pultz, Senior Investigator, Department of Health Professions, testified via telephone.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:30 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Watkins. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Elliott, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 9:38 A.M.

Ms. Gerardo 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 and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Gerardo moved that the Board of Nursing revoke the right of Indea Jovone Thomas Watkins to renew her registration to practice as medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

**RECESS:**

The Board recessed at 9:40 A.M.

**RECONVENTION:**

The Board reconvened at 1:02 P.M.

**FORMAL HEARINGS:**

**Barbara Lynn Starnes, RN Texas RN 804561 with multistate privilege**  
Ms. Starnes did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Erwin Cheng, Administrator at Pro Healthcare Servicing (PHS), and Rona Powell, LCSW, Hospice Social Worker at PHS, were present and testified. Mark Cranfill, Senior Investigator, Department of Health Professions, testified via telephone.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:01 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Starnes. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Elliott, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 2:14 P.M.

Ms. Gerardo 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 and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Panel. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Caliwagan moved that the Board of Nursing revoke the multistate privilege of Barbara Lynn Starnes to practice professional nursing in the Commonwealth of Virginia and to impose a monetary penalty of \$5,000.00 to be paid to the Board within 90 days from entry of the Order. The motion was seconded and carried unanimously.

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

Ms. Douglas and the students left the meeting at 2:16 P.M.

**RECESS:**

The Board recessed at 2:16 A.M.

**RECONVENTION:**

The Board reconvened at 2:30 P.M.

Dr. McDonough and Ms. Krohn joined the meeting at 2:30 P.M.

**FORMAL HEARINGS:**

**Suzanne Lynn Griffin, RN 0001-153051**

Ms. Griffin did not appear.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Andria Christian, Senior Investigator, Department of Health Professions, and Kathy Ward, MS, CSAC, Case Manager, Health Practitioners' Monitoring Program, testified via telephone.

**CLOSED MEETING:**

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:52 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Griffin. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 3:02 P.M.

Ms. Garardo 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 and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Panel. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Minton moved that the Board of Nursing continue the license of Suzanne Lynn Griffin to practice professional nursing in the Commonwealth of Virginia on indefinite suspension and issue a reprimand. The motion was seconded and carried unanimously.

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

**FORMAL HEARINGS:**

**Tracey Cheatwood, CNA 1401-150976**

Ms. Cheatwood appeared.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kim Kirsch, RN, Assistant Director of Nursing, Oakwood Health and Rehabilitation, was present and testified.

**CLOSED MEETING:**

Ms. Gerardo 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 Ms. Cheatwood. Additionally, Ms. Gerardo moved that Ms. Krohn, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 4:14 P.M.

Ms. Gerardo 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 and carried unanimously.

**ACTION:** Dr. McDonough moved that the Board of Nursing dismiss the matter due to insufficient evidence to warrant disciplinary action. The motion was seconded and carried unanimously.

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

Ms. Hershkowitz left the meeting at 4:17 P.M.

Ms. Gerardo chaired the meeting.

Ms. Douglas rejoined the meeting at 4:57 P.M.

Ms. Krohn left the meeting at 4:57 P.M.

**FORMAL HEARINGS:** **Shelia A. Murphy, RN Maryland R153466 with multistate privilege**  
Ms. Murphy did not appear.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Mark Cranfill, Senior Investigator, Department of Health Professions, testified via telephone. Linda Frix, former employee at Northern Virginia Surgery Center, Amie Boice, RN Operating Room Manager at Northern Virginia Surgery Center, and Charlene Benvenuto, Staffing Coordinator at Accountable Healthcare Staffing, Inc., were present and testified.

**CLOSED MEETING:** Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:18 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Murphy. Additionally, Ms. Minton moved that Ms. Douglas, Dr. Elliott, Ms. Vu and Ms. Barrett, 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 and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 5:33 P.M.

Ms. Minton 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 and carried unanimously.

Ms. Caliwagan moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Panel. The motion was seconded and carried unanimously.

**ACTION:**

Dr. McDonough moved that the Board of Nursing reprimand Shelia A. Murphy and require her to complete the following courses within 90 days from entry of the Order:

- *Professional Accountability and Legal Liability for Nurses,*
- *Documentation: A Critical Care Aspect of Client Care, and*
- *Ethics of Nursing Practice*

The motion was seconded and carried unanimously.

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

**ADJOURNMENT:**

The Board adjourned at 5:36 P.M.

---

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

## Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dismissed	↑	↓	Same	Pending	N/A
<b>Total to Date:</b>	2687	2374	88.4%	216	8.0%				92	3.4%				67	67	87	4	
<b>CY2017 to Date:</b>	163	155	95.1%	6	3.7%	0	2	3	2	1.2%	0	2	0	1	2	6	N/A	
Nov-17																		
Sep-17																		
Jul-17	40	40	100.0%	0		0	0	0	0		0	0	0	1	0	1		
May-17	40	38	95.0%	1	2.5%	0	0	1	1	2.5%	0	1	0	0	0	2		
Mar-17	35	31	88.6%	4	11.4%	0	2	1	0	0.0%	0	0	0	0	0	2		
Jan-17	48	46	95.8%	1	2.1%	0	0	1	1	2.1%	0	1	0	0	2	1		
<b>Annual Totals:</b>																		
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	0	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		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).





# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

## *Department of Health Professions*

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

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
TEL (804) 367- 4400  
FAX (804) 527- 4475

### MEMORANDUM

**TO:** Members, Board of Nursing

**FROM:** David E. Brown, D.C.

**DATE:** August 11, 2017

**SUBJECT:** Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Nursing ended the 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of \$9,780,675. Current projections indicate that expenditures for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed revenue by approximately \$654,971. When combined with the Board's \$9,780,675 cash balance as of June 30, 2016, the Board of Nursing projected cash balance on June 30, 2018, is \$9,125,705.

Based on the approval of this Board effective July 1, 2017 a one-time fee reduction was instituted to reduce the Board's cash surplus. We recommend no further action at this time. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and/or the General Assembly.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

**CC:** Jay P. Douglas, Executive Director  
Lisa R. Hahn, Chief Deputy Director  
Charles E. Giles, Budget Manager  
Elaine Yeatts, Senior Policy Analyst

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2017

	<b>Nursing</b>
<b>Board Cash Balance as of June 30, 2016</b>	\$ 9,780,675
<b>YTD FY17 Revenue</b>	13,725,202
<b>Less: YTD FY17 Direct and Allocated Expenditures</b>	<u>11,879,284</u> *
<b>Board Cash Balance as June 30, 2017</b>	<u><u>11,626,594</u></u>

\* Includes \$70,660 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,807,424.00	1,515,000.00	(292,424.00)	119.30%
4002406	License & Renewal Fee	8,966,935.00	8,792,925.00	(174,010.00)	101.98%
4002407	Dup. License Certificate Fee	25,095.00	23,750.00	(1,345.00)	105.66%
4002408	Board Endorsement - In	522,770.00	755,900.00	233,130.00	69.16%
4002409	Board Endorsement - Out	22,090.00	7,560.00	(14,530.00)	292.20%
4002421	Monetary Penalty & Late Fees	263,350.00	250,000.00	(13,350.00)	105.34%
4002432	Misc. Fee (Bad Check Fee)	865.00	1,750.00	885.00	49.43%
4002660	Administrative Fees	250.00	-	(250.00)	0.00%
	<b>Total Fee Revenue</b>	<b>11,608,779.00</b>	<b>11,346,885.00</b>	<b>(261,894.00)</b>	<b>102.31%</b>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	2,540.00	-	(2,540.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>2,540.00</b>	<b>-</b>	<b>(2,540.00)</b>	<b>0.00%</b>
4009000	Other Revenue				
4009060	Miscellaneous Revenue	49,900.00	60,400.00	10,500.00	82.62%
	<b>Total Other Revenue</b>	<b>49,900.00</b>	<b>60,400.00</b>	<b>10,500.00</b>	<b>82.62%</b>
	<b>Total Revenue</b>	<b>11,661,219.00</b>	<b>11,407,285.00</b>	<b>(253,934.00)</b>	<b>102.23%</b>
5011110	Employer Retirement Contrib.	193,045.81	207,789.00	14,743.19	92.90%
5011120	Fed Old-Age Ins- Sal St Emp	109,674.39	118,077.00	8,402.61	92.88%
5011130	Fed Old-Age Ins- Wage Earners	12,263.97	30,759.00	18,495.03	39.87%
5011140	Group Insurance	19,081.82	20,179.00	1,097.18	94.56%
5011150	Medical/Hospitalization Ins.	262,542.50	336,576.00	74,033.50	78.00%
5011160	Retiree Medical/Hospitalizatn	17,191.27	18,176.00	984.73	94.58%
5011170	Long term Disability Ins	9,661.22	10,167.00	505.78	95.03%
	<b>Total Employee Benefits</b>	<b>623,460.98</b>	<b>741,723.00</b>	<b>118,262.02</b>	<b>84.06%</b>
5011200	Salaries				
5011230	Salaries, Classified	1,411,767.80	1,540,318.00	128,550.20	91.65%
5011250	Salaries, Overtime	18,518.56	3,166.00	(15,352.56)	584.92%
	<b>Total Salaries</b>	<b>1,430,286.36</b>	<b>1,543,484.00</b>	<b>113,197.64</b>	<b>92.67%</b>
5011300	Special Payments				
5011310	Bonuses and Incentives	2,825.08	-	(2,825.08)	0.00%
5011380	Deferred Compnstn Match Pmts	5,922.50	13,440.00	7,517.50	44.07%
	<b>Total Special Payments</b>	<b>8,747.58</b>	<b>13,440.00</b>	<b>4,692.42</b>	<b>65.09%</b>
5011400	Wages				
5011410	Wages, General	166,354.33	402,073.00	235,718.67	41.37%
5011430	Wages, Overtime	1,192.18	-	(1,192.18)	0.00%
	<b>Total Wages</b>	<b>167,546.51</b>	<b>402,073.00</b>	<b>234,526.49</b>	<b>41.67%</b>
5011530	Short-trm Disability Benefits	44,855.00	-	(44,855.00)	0.00%
	<b>Total Disability Benefits</b>	<b>44,855.00</b>	<b>-</b>	<b>(44,855.00)</b>	<b>0.00%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	5,895.49	-	(5,895.49)	0.00%
5011660	Defined Contribution Match - Hy	5,248.95	-	(5,248.95)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>11,144.44</b>	<b>-</b>	<b>(11,144.44)</b>	<b>0.00%</b>
5011700	WTA Term Prsnl Svc Costs				
5011720	WTA FICA for Salaried State Employees	61.19	-	(61.19)	0.00%
5011740	WTA Group Life Insurance	18.93	-	(18.93)	0.00%
	<b>Total WTA Term Prsnl Svc Costs</b>	<b>80.12</b>	<b>-</b>	<b>(80.12)</b>	<b>0.00%</b>
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	<b>Total Personal Services</b>	<b>2,286,120.99</b>	<b>2,700,720.00</b>	<b>414,599.01</b>	<b>84.65%</b>
5012000	Contractual Svcs				
5012050	Seat Management Services	135.34	-	(135.34)	0.00%
5012100	Communication Services				
5012110	Express Services	4,747.41	4,395.00	(352.41)	108.02%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012140	Postal Services	137,558.38	85,633.00	(51,925.38)	160.64%
5012150	Printing Services	1,272.53	1,322.00	49.47	96.26%
5012160	Telecommunications Svcs (VITA)	21,832.55	21,910.00	77.45	99.65%
5012170	Telecomm. Svcs (Non-State)	540.00	-	(540.00)	0.00%
5012190	Inbound Freight Services	109.21	17.00	(92.21)	642.41%
	<b>Total Communication Services</b>	<b>166,060.08</b>	<b>113,287.00</b>	<b>(52,773.08)</b>	<b>146.58%</b>
5012200	Employee Development Services				
5012210	Organization Memberships	9,210.00	8,764.00	(446.00)	105.09%
5012220	Publication Subscriptions	(2.12)	120.00	122.12	1.77%
5012240	Employee Trainng/Workshop/Conf	4,414.00	482.00	(3,932.00)	915.77%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
	<b>Total Employee Development Services</b>	<b>13,621.88</b>	<b>10,366.00</b>	<b>(3,255.88)</b>	<b>131.41%</b>
5012300	Health Services				
5012360	X-ray and Laboratory Services	3,802.12	4,232.00	429.88	89.84%
	<b>Total Health Services</b>	<b>3,802.12</b>	<b>4,232.00</b>	<b>429.88</b>	<b>89.84%</b>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	169,121.44	197,340.00	28,218.56	85.70%
5012440	Management Services	2,428.80	370.00	(2,058.80)	656.43%
5012460	Public Infrmtnl & Relatn Svcs	-		49.00	0.00%
5012470	Legal Services	9,040.00	5,616.00	(3,424.00)	160.97%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	<b>Total Mgmt and Informational Svcs</b>	180,590.24	203,375.00	22,784.76	88.80%
5012500	<b>Repair and Maintenance Svcs</b>				
5012530	Equipment Repair & Maint Srvc	-	3,001.00	3,001.00	0.00%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	<b>Total Repair and Maintenance Svcs</b>	-	3,370.00	3,370.00	0.00%
5012600	<b>Support Services</b>				
5012630	Clerical Services	325,323.90	292,088.00	(33,235.90)	111.38%
5012640	Food & Dietary Services	13,589.57	-	(13,589.57)	0.00%
5012660	Manual Labor Services	29,641.66	38,508.00	8,866.34	76.98%
5012670	Production Services	194,620.14	158,515.00	(36,105.14)	122.78%
5012680	Skilled Services	874,930.99	1,119,774.00	244,843.01	78.13%
	<b>Total Support Services</b>	1,438,106.26	1,608,885.00	170,778.74	89.39%
5012700	<b>Technical Services</b>				
5012780	VITA InT Int Cost Goods&Svs	372.59	-	(372.59)	0.00%
	<b>Total Technical Services</b>	372.59	-	(372.59)	0.00%
5012800	<b>Transportation Services</b>				
5012820	Travel, Personal Vehicle	2,828.19	5,260.00	2,431.81	53.77%
5012830	Travel, Public Carriers	10.54	1.00	(9.54)	1054.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	3,553.59	6,635.00	3,081.41	53.56%
5012880	Trvl, Meal Reimb- Not Rprtbl	1,314.25	3,597.00	2,282.75	36.54%
	<b>Total Transportation Services</b>	7,706.57	17,947.00	10,240.43	42.94%
	<b>Total Contractual Svcs</b>	1,810,395.08	1,961,462.00	151,066.92	92.30%
5013000	<b>Supplies And Materials</b>				
5013100	<b>Administrative Supplies</b>				
5013120	Office Supplies	29,513.92	11,696.00	(17,817.92)	252.34%
5013130	Stationery and Forms	373.87	3,790.00	3,416.13	9.86%
	<b>Total Administrative Supplies</b>	29,887.79	15,486.00	(14,401.79)	193.00%
5013300	<b>Manufctrng and Merch Supplies</b>				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	<b>Total Manufctrng and Merch Supplies</b>	-	99.00	99.00	0.00%
5013500	<b>Repair and Maint. Supplies</b>				
5013520	Custodial Repair & Maint Matrl	52.31	29.00	(23.31)	180.38%
	<b>Total Repair and Maint. Supplies</b>	52.31	29.00	(23.31)	180.38%
5013600	<b>Residential Supplies</b>				
5013620	Food and Dietary Supplies	378.83	408.00	29.17	92.85%
5013630	Food Service Supplies	10.44	1,108.00	1,097.56	0.94%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	<b>Total Residential Supplies</b>	389.27	1,538.00	1,148.73	25.31%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	973.80	182.00	(791.80)	535.05%
	Total Specific Use Supplies	973.80	182.00	(791.80)	535.05%
	Total Supplies And Materials	31,303.17	17,334.00	(13,969.17)	180.59%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	611.20	504.00	(107.20)	121.27%
	Total Insurance-Fixed Assets	611.20	667.00	55.80	91.63%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	9,745.87	9,014.00	(731.87)	108.12%
5015350	Building Rentals	422.28	-	(422.28)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	136,494.72	132,159.00	(4,335.72)	103.28%
	Total Operating Lease Payments	146,662.87	141,448.00	(5,214.87)	103.69%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,193.74	1,897.00	(296.74)	115.64%
5015540	Surety Bonds	129.44	112.00	(17.44)	115.57%
	Total Insurance-Operations	2,323.18	2,009.00	(314.18)	115.64%
	Total Continuous Charges	149,597.25	144,129.00	(5,468.25)	103.79%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
	Desktop				
5022110	Computers(Microcmpter)	134.40	-	(134.40)	0.00%
5022170	Other Computer Equipment	8,018.40	-	(8,018.40)	0.00%
5022180	Computer Software Purchases	251.54	-	(251.54)	0.00%
	Total Computer Hrdware & Sftware	8,404.34	-	(8,404.34)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	1,071.00	1,123.00	52.00	95.37%
	Total Educational & Cultural Equip	1,071.00	1,123.00	52.00	95.37%
5022300	Electrnc & Photographic Equip				
5022330	Voice & Data Transmissn Equip	255.00	-	(255.00)	0.00%
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	<b>Total Electrnc &amp; Photographic Equip</b>	255.00	1,666.00	1,411.00	15.31%
5022600	<b>Office Equipment</b>				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	8,255.00	1,097.00	(7,158.00)	752.51%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	<b>Total Office Equipment</b>	8,255.00	1,374.00	(6,881.00)	600.80%
5022700	<b>Specific Use Equipment</b>				
5022710	Household Equipment	-	133.00	133.00	0.00%
	<b>Total Specific Use Equipment</b>	-	133.00	133.00	0.00%
	<b>Total Equipment</b>	17,985.34	4,296.00	(13,689.34)	418.65%
	<b>Total Expenditures</b>	4,295,401.83	4,827,941.00	532,539.17	88.97%
	<b>Allocated Expenditures</b>				
20400	Nursing / Nurse Aid	52,327.98	80,146.78	27,818.80	65.29%
30100	Data Center	1,231,273.21	1,579,997.26	348,724.05	77.93%
30200	Human Resources	185,370.56	313,490.72	128,120.16	59.13%
30300	Finance	586,296.20	629,329.29	43,033.09	93.16%
30400	Director's Office	325,713.37	370,151.13	44,437.76	87.99%
30500	Enforcement	2,098,442.24	2,320,711.55	222,269.32	90.42%
30600	Administrative Proceedings	514,763.05	588,126.16	73,363.11	87.53%
30700	Impaired Practitioners	68,991.61	66,075.98	(2,915.63)	104.41%
30800	Attorney General	198,768.17	196,179.08	(2,589.09)	101.32%
30900	Board of Health Professions	157,063.86	244,072.55	87,008.68	64.35%
31100	Maintenance and Repairs	-	3,344.48	3,344.48	0.00%
31300	Emp. Recognition Program	8,200.17	4,011.89	(4,188.28)	204.40%
31400	Conference Center	2,081.03	1,758.51	(322.52)	118.34%
31500	Pgm Devlpmnt & Implmentn	181,330.04	189,283.91	7,953.87	95.80%
	<b>Total Allocated Expenditures</b>	5,610,621.50	6,586,679.31	976,057.81	85.18%
	<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<u>\$ 1,755,195.67</u>	<u>\$ (7,335.31)</u>	<u>\$ (1,762,530.98)</u>	<u>23928.04%</u>

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

Account Number	Account Description	July	August	September	October	November	December	January	February	March
4002400 Fee Revenue										
4002401	Application Fee	108,595.00	103,085.00	90,355.00	93,061.00	129,535.00	106,008.00	101,480.00	140,580.00	235,765.00
4002406	License & Renewal Fee	812,125.00	828,195.00	679,825.00	823,925.00	734,520.00	662,255.00	769,211.00	763,214.00	781,850.00
4002407	Dup. License Certificate Fee	2,005.00	2,665.00	2,145.00	2,285.00	1,980.00	1,680.00	1,970.00	1,980.00	2,570.00
4002408	Board Endorsement - In	78,260.00	86,530.00	75,410.00	59,370.00	57,810.00	54,030.00	72,190.00	18,810.00	5,080.00
4002409	Board Endorsement - Out	1,365.00	2,040.00	1,590.00	1,435.00	1,750.00	1,710.00	1,680.00	1,735.00	2,105.00
4002421	Monetary Penalty & Late Fees	22,770.00	22,440.00	20,835.00	21,480.00	16,920.00	15,420.00	19,275.00	21,405.00	30,985.00
4002432	Misc. Fee (Bad Check Fee)	35.00	105.00	175.00	-	95.00	105.00	-	70.00	105.00
4002660	Administrative Fees	-	-	-	-	-	250.00	-	-	-
	Total Fee Revenue	1,025,155.00	1,045,060.00	870,335.00	1,001,556.00	942,610.00	841,458.00	965,806.00	947,794.00	1,058,460.00
4003000 Sales of Prop. & Commodities										
4003020	Misc. Sales-Dishonored Payments	365.00	355.00	395.00	50.00	225.00	175.00	-	275.00	395.00
	Total Sales of Prop. & Commodities	365.00	355.00	395.00	50.00	225.00	175.00	-	275.00	395.00
4009000 Other Revenue										
4009060	Miscellaneous Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	2,200.00	4,400.00
	Total Other Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	2,200.00	4,400.00
	Total Revenue	1,029,920.00	1,049,815.00	877,330.00	1,001,606.00	949,435.00	843,833.00	974,606.00	950,269.00	1,063,255.00
5011000 Personal Services										
5011100 Employee Benefits										
5011110	Employer Retirement Contrib.	25,350.23	17,098.72	16,213.48	16,567.04	16,567.04	16,216.64	16,181.10	16,145.36	15,734.13
5011120	Fed Old-Age Ins- Sal St Emp	14,101.65	9,382.56	9,513.45	9,194.90	9,259.75	9,131.27	9,101.75	9,134.03	8,700.06
5011130	Fed Old-Age Ins- Wage Earners	1,437.48	1,117.31	879.94	1,054.44	1,140.81	1,184.53	810.55	1,033.90	801.19
5011140	Group Insurance	2,408.30	1,665.79	1,616.17	1,632.17	1,651.10	1,614.34	1,614.34	1,610.85	1,570.93
5011150	Medical/Hospitalization Ins.	33,041.50	22,197.00	22,328.50	23,120.50	23,110.00	22,515.00	22,515.00	22,515.00	20,952.00
5011160	Retiree Medical/Hospitalizatn	2,155.55	1,500.45	1,455.75	1,487.22	1,487.22	1,454.12	1,454.12	1,450.99	1,415.02
5011170	Long term Disability Ins	1,251.23	839.25	814.26	831.86	831.86	813.34	813.34	811.58	791.46
	Total Employee Benefits	79,745.94	53,801.08	52,821.55	53,888.13	54,047.78	52,929.24	52,490.20	52,701.71	49,964.79
5011200 Salaries										
5011230	Salaries, Classified	189,682.16	122,820.22	120,610.73	113,098.12	116,995.59	114,071.30	114,841.85	117,025.16	116,895.56
5011250	Salaries, Overtime	2,376.50	1,186.48	693.74	1,286.18	599.81	2,489.65	554.53	2,137.55	1,370.30
	Total Salaries	192,058.66	124,006.70	121,304.47	114,384.30	117,595.40	116,560.95	115,396.38	119,162.71	118,265.86



**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
5011310	Bonuses and Incentives	-	1,500.00	-	500.00	-	-	-	-	-
5011380	Deferred Compnstn Match Pmts	777.50	525.00	525.00	525.00	525.00	525.00	515.00	485.00	445.00
	Total Special Payments	777.50	2,025.00	525.00	1,025.00	525.00	525.00	515.00	485.00	445.00
5011400	Wages									
5011410	Wages, General	18,688.94	14,605.23	11,502.29	13,783.56	14,912.80	15,290.28	10,467.98	13,515.13	10,473.01
5011430	Wages, Overtime	102.00	-	-	-	-	193.58	127.50	-	-
	Total Wages	18,790.94	14,605.23	11,502.29	13,783.56	14,912.80	15,483.86	10,595.48	13,515.13	10,473.01
5011500	Disability Benefits									
5011530	Short-trm Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	5,197.95	-
	Total Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	5,197.95	-
5011600	Terminatn Personal Svce Costs									
5011620	Salaries, Annual Leave Balanc	-	-	5,547.09	-	-	-	348.40	-	-
5011660	Defined Contribution Match - Hy	680.75	428.68	428.68	435.02	435.02	406.94	442.52	442.52	442.52
	Total Terminatn Personal Svce Costs	680.75	428.68	5,975.77	435.02	435.02	406.94	790.92	442.52	442.52
5011700	WTA Term Prsnl Svc Costs									
5011720	WTA FICA for Salaried State Employees	-	-	-	61.19	-	-	-	-	-
5011740	WTA Group Life Insurance	-	-	-	18.93	-	-	-	-	-
	Total WTA Term Prsnl Svc Costs	-	-	-	80.12	-	-	-	-	-
	<b>Total Personal Services</b>	<b>292,053.79</b>	<b>196,918.59</b>	<b>194,570.59</b>	<b>194,834.09</b>	<b>195,398.79</b>	<b>193,725.39</b>	<b>188,011.47</b>	<b>191,505.02</b>	<b>179,591.18</b>
5012000	Contractual Svcs									
5012050	Seat Management Services	-	-	-	-	-	-	-	-	-
5012100	Communication Services									
5012110	Express Services	215.15	202.40	285.71	-	-	536.38	-	1,692.56	364.11
5012140	Postal Services	13,346.16	7,838.54	13,734.05	14,714.90	6,895.89	13,879.24	6,683.19	12,223.41	12,570.29
5012150	Printing Services	-	13.00	-	-	-	42.00	-	26.00	13.00
5012160	Telecommunications Svcs (VITA)	2,065.58	2,535.74	2,354.62	-	2,387.91	2,918.25	5,095.68	2,516.32	2,418.88
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	-	50.00	-	-	-	45.39	-	10.32	-
	Total Communication Services	15,694.39	10,684.68	16,419.38	14,759.90	9,328.80	17,466.26	11,823.87	16,513.61	15,411.28
5012200	Employee Development Services									
5012210	Organization Memberships	6,000.00	-	-	-	-	-	-	-	410.00
5012220	Publication Subscriptions	-	-	-	-	-	(2.12)	-	-	-

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
5012240	Employee Trainng/Workshop/Conf	-	-	3,790.00	-	-	149.00	-	-	125.00
	Total Employee Development Services	6,000.00	-	3,790.00	-	-	146.88	-	-	535.00
5012300	Health Services									
5012360	X-ray and Laboratory Services	-	844.76	-	-	-	808.33	-	-	-
	Total Health Services	-	844.76	-	-	-	808.33	-	-	-
5012400	Mgmnt and Informational Svcs									
5012420	Fiscal Services	12,580.45	12,805.77	15,261.15	14,827.73	13,061.74	14,334.69	25,132.99	-	14,923.34
5012440	Management Services	-	749.82	-	423.92	-	146.93	-	85.98	-
5012470	Legal Services	1,535.00	-	1,225.00	-	-	175.00	-	1,115.00	1,575.00
	Total Mgmnt and Informational Svcs	14,115.45	13,555.59	16,486.15	15,251.65	13,061.74	14,656.62	25,132.99	1,200.98	16,498.34
5012600	Support Services									
5012630	Clerical Services	9,991.25	11,675.63	10,247.53	-	-	43,762.89	-	73,940.73	29,369.38
5012640	Food & Dietary Services	1,199.43	428.87	1,237.17	-	-	1,651.13	-	1,696.05	2,328.59
5012660	Manual Labor Services	2,750.18	2,391.54	2,733.86	1,031.57	2,638.44	2,119.57	2,740.67	2,815.48	2,271.23
5012670	Production Services	28,465.79	14,334.35	17,682.88	6,902.86	13,792.90	15,523.82	16,846.44	16,243.87	12,348.08
5012680	Skilled Services	71,662.36	71,785.28	70,556.08	72,276.96	71,293.60	73,014.48	70,310.24	71,798.28	76,639.47
	Total Support Services	114,069.01	100,615.67	102,457.52	80,211.39	87,724.94	136,071.89	89,897.35	166,494.41	122,956.75
5012700	Technical Services									
5012780	VITA InT Int Cost Goods&Svs	-	-	-	-	-	-	-	-	-
	Total Technical Services	-	-	-	-	-	-	-	-	-
5012800	Transportation Services									
5012820	Travel, Personal Vehicle	536.76	403.93	377.46	303.46	147.42	-	-	-	305.20
5012830	Travel, Public Carriers	-	-	-	-	-	-	-	-	-
5012840	Travel, State Vehicles	54.67	127.32	148.37	-	127.32	-	-	-	(457.68)
5012850	Travel, Subsistence & Lodging	1,931.79	-	100.84	-	-	-	-	215.84	323.76
5012880	Trvl, Meal Reimb- Not Rprtbl	462.00	68.25	256.75	-	-	-	-	106.50	154.50
	Total Transportation Services	2,985.22	599.50	883.42	303.46	274.74	-	-	322.34	325.78
	Total Contractual Svcs	152,864.07	126,300.20	140,036.47	110,526.40	110,390.22	169,149.98	126,854.21	184,531.34	155,727.15
5013000	Supplies And Materials									
5013100	Administrative Supplies									
5013120	Office Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	5,768.21	(31.68)	5,840.22	1,304.59

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
5013130	Stationery and Forms	-	-	-	-	-	373.87	-	-	-
	Total Administrative Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	6,142.08	(31.68)	5,840.22	1,304.59
5013500	Repair and Maint. Supplies									
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	52.31
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	52.31
5013600	Residential Supplies									
5013620	Food and Dietary Supplies	-	-	72.38	-	-	56.14	-	39.26	92.17
5013630	Food Service Supplies	-	-	-	-	-	-	-	-	10.44
	Total Residential Supplies	-	-	72.38	-	-	56.14	-	39.26	102.61
5013700	Specific Use Supplies									
5013730	Computer Operating Supplies	-	-	-	-	-	-	-	950.94	-
	Total Specific Use Supplies	-	-	-	-	-	-	-	950.94	-
	<b>Total Supplies And Materials</b>	<b>1,817.68</b>	<b>2,973.74</b>	<b>2,921.28</b>	<b>-</b>	<b>(85.34)</b>	<b>6,198.22</b>	<b>(31.68)</b>	<b>6,830.42</b>	<b>1,459.51</b>
5015000	Continuous Charges									
5015100	Insurance-Fixed Assets									
5015160	Property Insurance	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments									
5015340	Equipment Rentals	762.87	734.12	734.12	-	-	1,497.12	-	2,254.37	737.73
5015350	Building Rentals	-	98.98	-	-	101.06	-	-	109.08	-
5015390	Building Rentals - Non State	10,938.05	12,616.98	10,938.05	10,938.05	12,412.01	10,961.26	10,938.05	12,370.14	10,938.05
	Total Operating Lease Payments	11,700.92	13,450.08	11,672.17	10,938.05	12,513.07	12,458.38	10,938.05	14,733.59	11,675.78
5015500	Insurance-Operations									
5015510	General Liability Insurance	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	-	-	-	-	-	-	-	-	-
	<b>Total Continuous Charges</b>	<b>11,700.92</b>	<b>13,450.08</b>	<b>11,672.17</b>	<b>10,938.05</b>	<b>12,513.07</b>	<b>12,458.38</b>	<b>10,938.05</b>	<b>14,733.59</b>	<b>11,675.78</b>
5022000	Equipment									
5022110	Desktop Computers(Microcmpter)	-	-	-	-	-	-	-	134.40	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5022170	Other Computer Equipment	-	-	-	-	-	-	-	-	2,183.00
5022180	Computer Software Purchases	-	-	-	-	-	-	-	-	251.54
	Total Computer Hrdware & Sftware	-	-	-	-	-	-	-	134.40	2,434.54
5022200	Educational & Cultural Equip									
5022240	Reference Equipment	-	-	-	-	-	522.00	-	168.95	-
	Total Educational & Cultural Equip	-	-	-	-	-	522.00	-	168.95	-
5022300	Electrnc & Photographic Equip									
5022330	Voice & Data Transmissn Equip	-	-	-	-	-	255.00	-	-	-
	Total Electrnc & Photographic Equip	-	-	-	-	-	255.00	-	-	-
5022600	Office Equipment									
5022620	Office Furniture	440.00	1,120.00	-	-	-	-	-	2,320.00	-
	Total Office Equipment	440.00	1,120.00	-	-	-	-	-	2,320.00	-
	Total Equipment	440.00	1,120.00	-	-	-	777.00	-	2,623.35	2,434.54
	Total Expenditures	458,876.46	340,762.61	349,200.51	316,298.54	318,216.74	382,308.97	325,772.05	400,223.72	350,888.16
Allocated Expenditures										
20400	Nursing / Nurse Aid	3,358.53	5,799.83	790.63	5,073.70	5,226.90	7,153.71	1,999.87	4,929.42	5,284.65
30100	Data Center	108,520.03	152,870.39	61,735.22	138,842.90	39,261.17	106,423.39	135,303.15	117,240.94	99,860.07
30200	Human Resources	683.66	11,716.70	647.92	585.42	649.94	75,564.61	555.95	940.22	604.14
30300	Finance	109,185.37	64,492.70	37,578.56	99,832.72	105,458.64	(7,983.31)	84,412.24	(44,851.95)	40,698.05
30400	Director's Office	38,967.78	27,352.70	27,114.85	25,598.27	29,543.58	26,885.19	26,538.41	29,527.75	26,911.97
30500	Enforcement	258,305.78	177,145.03	182,344.00	179,951.85	160,452.33	162,330.68	148,684.70	187,524.97	200,485.39
30600	Administrative Proceedings	68,203.13	42,492.48	32,244.22	40,984.59	41,899.60	42,630.11	34,276.63	38,738.43	48,495.16
30700	Impaired Practitioners	8,088.49	5,619.97	5,655.76	5,577.19	5,705.70	5,863.47	5,548.54	5,927.22	5,638.32
30800	Attorney General	-	-	49,692.04	49,692.04	-	-	49,692.04	-	-
30900	Board of Health Professions	16,642.90	13,621.85	11,523.99	10,908.22	14,400.15	15,066.84	10,690.56	12,273.34	14,243.82
31300	Emp. Recognition Program	639.11	2,101.35	-	-	-	334.82	-	106.03	55.01
31400	Conference Center	173.63	160.85	947.41	(99.11)	74.19	153.25	73.62	285.77	114.45
31500	Pgm Devlpmnt & Implmentn	19,141.49	12,910.00	13,324.12	11,857.45	12,022.88	22,658.31	13,555.75	19,220.48	13,059.66
	Total Allocated Expenditures	631,909.89	516,283.84	423,598.71	568,805.25	414,695.08	457,081.08	511,331.47	371,862.61	455,450.69
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (60,866.35)	\$ 192,768.55	\$ 104,530.78	\$ 116,502.21	\$ 216,523.18	\$ 4,442.95	\$ 137,502.48	\$ 178,182.67	\$ 256,916.15

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
4002400	Fee Revenue				
4002401	Application Fee	267,450.00	250,315.00	181,195.00	<b>1,807,424.00</b>
4002406	License & Renewal Fee	739,170.00	705,769.00	666,876.00	<b>8,966,935.00</b>
4002407	Dup. License Certificate Fee	2,110.00	1,760.00	1,945.00	<b>25,095.00</b>
4002408	Board Endorsement - In	5,740.00	3,760.00	5,780.00	<b>522,770.00</b>
4002409	Board Endorsement - Out	1,515.00	2,885.00	2,280.00	<b>22,090.00</b>
4002421	Monetary Penalty & Late Fees	25,995.00	23,540.00	22,285.00	<b>263,350.00</b>
4002432	Misc. Fee (Bad Check Fee)	105.00	-	70.00	<b>865.00</b>
4002660	Administrative Fees	-	-	-	<b>250.00</b>
	Total Fee Revenue	<u>1,042,085.00</u>	<u>988,029.00</u>	<u>880,431.00</u>	<b>11,608,779.00</b>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	85.00	-	220.00	<b>2,540.00</b>
	Total Sales of Prop. & Commodities	<u>85.00</u>	<u>-</u>	<u>220.00</u>	<b>2,540.00</b>
4009000	Other Revenue				
4009060	Miscellaneous Revenue	6,600.00	3,700.00	-	<b>49,900.00</b>
	Total Other Revenue	<u>6,600.00</u>	<u>3,700.00</u>	<u>-</u>	<b>49,900.00</b>
	Total Revenue	<u>1,048,770.00</u>	<u>991,729.00</u>	<u>880,651.00</u>	<b>11,661,219.00</b>
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	14,707.98	14,707.98	7,556.11	<b>193,045.81</b>
5011120	Fed Old-Age Ins- Sal St Emp	8,562.33	8,605.30	4,987.34	<b>109,674.39</b>
5011130	Fed Old-Age Ins- Wage Earners	1,055.88	1,190.57	557.37	<b>12,263.97</b>
5011140	Group Insurance	1,471.28	1,471.28	755.27	<b>19,081.82</b>
5011150	Medical/Hospitalization Ins.	19,886.00	19,886.00	10,476.00	<b>262,542.50</b>
5011160	Retiree Medical/Hospitalizatn	1,325.26	1,325.26	680.31	<b>17,191.27</b>
5011170	Long term Disability Ins	741.26	741.26	380.52	<b>9,661.22</b>
	Total Employee Benefits	<u>47,749.99</u>	<u>47,927.65</u>	<u>25,392.92</u>	<b>623,460.98</b>
5011200	Salaries				
5011230	Salaries, Classified	113,092.18	114,590.51	58,044.42	<b>1,411,767.80</b>
5011250	Salaries, Overtime	2,927.02	1,998.18	898.62	<b>18,518.56</b>
	Total Salaries	<u>116,019.20</u>	<u>116,588.69</u>	<u>58,943.04</u>	<b>1,430,286.36</b>

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5011310	Bonuses and Incentives	-	-	825.08	<b>2,825.08</b>
5011380	Deferred Compnstn Match Pmts	425.00	425.00	225.00	<b>5,922.50</b>
	Total Special Payments	425.00	425.00	1,050.08	<b>8,747.58</b>
5011400	Wages				-
5011410	Wages, General	13,802.42	14,793.94	14,518.75	<b>166,354.33</b>
5011430	Wages, Overtime	-	769.10	-	<b>1,192.18</b>
	Total Wages	13,802.42	15,563.04	14,518.75	<b>167,546.51</b>
5011500	Disability Benefits				
5011530	Short-trm Disability Benefits	-	-	-	<b>44,855.00</b>
	Total Disability Benefits	-	-	-	<b>44,855.00</b>
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	-	-	-	<b>5,895.49</b>
5011660	Defined Contribution Match - Hy	442.52	442.52	221.26	<b>5,248.95</b>
	Total Terminatn Personal Svce Costs	442.52	442.52	221.26	<b>11,144.44</b>
5011700	WTA Term Prsnl Svc Costs				
5011720	WTA FICA for Salaried State Employees	-	-	-	<b>61.19</b>
5011740	WTA Group Life Insurance	-	-	-	<b>18.93</b>
	Total WTA Term Prsnl Svc Costs	-	-	-	<b>80.12</b>
	Total Personal Services	178,439.13	180,946.90	100,126.05	<b>2,286,120.99</b>
5012000	Contractual Svs				-
5012050	Seat Management Services	-	135.34	-	<b>135.34</b>
5012100	Communication Services				-
5012110	Express Services	435.93	190.90	824.27	<b>4,747.41</b>
5012140	Postal Services	12,294.63	10,125.24	13,252.84	<b>137,558.38</b>
5012150	Printing Services	-	534.33	644.20	<b>1,272.53</b>
5012160	Telecommunications Svcs (VITA)	2,470.09	1,220.12	(4,150.64)	<b>21,832.55</b>
5012170	Telecomm. Svcs (Non-State)	45.00	45.00	22.50	<b>540.00</b>
5012190	Inbound Freight Services	-	3.50	-	<b>109.21</b>
	Total Communication Services	15,245.65	12,119.09	10,593.17	<b>166,060.08</b>
5012200	Employee Development Services				
5012210	Organization Memberships	-	2,800.00	-	<b>9,210.00</b>
5012220	Publication Subscriptions	-	-	-	<b>(2.12)</b>

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5012240	Employee Trainng/Workshop/Conf	100.00	-	250.00	<b>4,414.00</b>
	Total Employee Development Services	100.00	2,800.00	250.00	<b>13,621.88</b>
5012300	Health Services				
5012360	X-ray and Laboratory Services	634.11	692.10	822.82	<b>3,802.12</b>
	Total Health Services	634.11	692.10	822.82	<b>3,802.12</b>
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	15,330.66	30,862.92	-	<b>169,121.44</b>
5012440	Management Services	771.02	251.13	-	<b>2,428.80</b>
5012470	Legal Services	-	1,725.00	1,690.00	<b>9,040.00</b>
	Total Mgmnt and Informational Svcs	16,101.68	32,839.05	1,690.00	<b>180,590.24</b>
5012600	Support Services				
5012630	Clerical Services	27,056.56	26,347.81	92,932.12	<b>325,323.90</b>
5012640	Food & Dietary Services	175.84	2,550.86	2,321.63	<b>13,589.57</b>
5012660	Manual Labor Services	2,646.26	3,462.74	2,040.12	<b>29,641.66</b>
5012670	Production Services	17,136.73	21,473.16	13,869.26	<b>194,620.14</b>
5012680	Skilled Services	73,050.79	72,534.53	80,008.92	<b>874,930.99</b>
	Total Support Services	120,066.18	126,369.10	191,172.05	<b>1,438,106.26</b>
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	-	372.59	-	<b>372.59</b>
	Total Technical Services	-	372.59	-	<b>372.59</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	313.66	300.26	140.04	<b>2,828.19</b>
5012830	Travel, Public Carriers	-	10.54	-	<b>10.54</b>
5012840	Travel, State Vehicles	-	-	-	<b>-</b>
5012850	Travel, Subsistence & Lodging	206.20	-	775.16	<b>3,553.59</b>
5012880	Trvl, Meal Reimb- Not Rprtble	118.50	59.25	88.50	<b>1,314.25</b>
	Total Transportation Services	638.36	370.05	1,003.70	<b>7,706.57</b>
	Total Contractual Svcs	152,785.98	175,697.32	205,531.74	<b>1,810,395.08</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				<b>-</b>
5013120	Office Supplies	1,347.15	2,380.55	5,349.90	<b>29,513.92</b>

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5013130	Stationery and Forms	-	-	-	<b>373.87</b>
	Total Administrative Supplies	<u>1,347.15</u>	<u>2,380.55</u>	<u>5,349.90</u>	<b>29,887.79</b>
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	-	-	<b>52.31</b>
	Total Repair and Maint. Supplies	<u>-</u>	<u>-</u>	<u>-</u>	<b>52.31</b>
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	46.18	72.70	<b>378.83</b>
5013630	Food Service Supplies	-	-	-	<b>10.44</b>
	Total Residential Supplies	<u>-</u>	<u>46.18</u>	<u>72.70</u>	<b>389.27</b>
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	22.86	-	<b>973.80</b>
	Total Specific Use Supplies	<u>-</u>	<u>22.86</u>	<u>-</u>	<b>973.80</b>
	Total Supplies And Materials	<u>1,347.15</u>	<u>2,449.59</u>	<u>5,422.60</u>	<b>31,303.17</b>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				-
5015160	Property Insurance	-	-	611.20	<b>611.20</b>
	Total Insurance-Fixed Assets	<u>-</u>	<u>-</u>	<u>611.20</u>	<b>611.20</b>
5015300	Operating Lease Payments				
5015340	Equipment Rentals	762.99	744.60	1,517.95	<b>9,745.87</b>
5015350	Building Rentals	-	113.16	-	<b>422.28</b>
5015390	Building Rentals - Non State	<u>12,314.25</u>	<u>11,139.87</u>	<u>9,989.96</u>	<b>136,494.72</b>
	Total Operating Lease Payments	<u>13,077.24</u>	<u>11,997.63</u>	<u>11,507.91</u>	<b>146,662.87</b>
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	-	2,193.74	<b>2,193.74</b>
5015540	Surety Bonds	-	-	129.44	<b>129.44</b>
	Total Insurance-Operations	<u>-</u>	<u>-</u>	<u>2,323.18</u>	<b>2,323.18</b>
	Total Continuous Charges	<u>13,077.24</u>	<u>11,997.63</u>	<u>14,442.29</u>	<b>149,597.25</b>
5022000	Equipment				
5022110	Desktop Computers(Microcmpter)	-	-	-	<b>134.40</b>



**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10100 - Nursing**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5022170	Other Computer Equipment	-	-	5,835.40	<b>8,018.40</b>
5022180	Computer Software Purchases	-	-	-	<b>251.54</b>
	Total Computer Hrdware & Sftware	-	-	5,835.40	<b>8,404.34</b>
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	380.05	-	-	<b>1,071.00</b>
	Total Educational & Cultural Equip	380.05	-	-	<b>1,071.00</b>
5022300	Electrnc & Photographic Equip				
5022330	Voice & Data Transmissn Equip	-	-	-	<b>255.00</b>
	Total Electrnc & Photographic Equip	-	-	-	<b>255.00</b>
5022600	Office Equipment				
5022620	Office Furniture	-	-	4,375.00	<b>8,255.00</b>
	Total Office Equipment	-	-	4,375.00	<b>8,255.00</b>
	Total Equipment	380.05	-	10,210.40	<b>17,985.34</b>
	Total Expenditures	346,029.55	371,091.44	335,733.08	<b>4,295,401.83</b>
<b>Allocated Expenditures</b>					
20400	Nursing / Nurse Aid	3,356.93	5,318.63	4,035.17	<b>52,327.98</b>
30100	Data Center	94,749.89	91,737.02	84,729.03	<b>1,231,273.21</b>
30200	Human Resources	699.54	627.93	92,094.54	<b>185,370.56</b>
30300	Finance	43,831.46	78,202.77	(24,561.03)	<b>586,296.20</b>
30400	Director's Office	26,615.28	25,771.32	14,886.28	<b>325,713.37</b>
30500	Enforcement	172,245.86	174,867.97	94,103.69	<b>2,098,442.24</b>
30600	Administrative Proceedings	48,748.82	46,969.14	29,080.73	<b>514,763.05</b>
30700	Impaired Practitioners	5,429.43	6,542.20	3,395.33	<b>68,991.61</b>
30800	Attorney General	49,692.04	-	-	<b>198,768.17</b>
30900	Board of Health Professions	15,714.17	15,344.17	6,633.86	<b>157,063.86</b>
31300	Emp. Recognition Program	26.11	789.49	4,148.26	<b>8,200.17</b>
31400	Conference Center	257.39	(47.76)	(12.67)	<b>2,081.03</b>
31500	Pgm Devlpmnt & Implmentn	12,935.64	13,499.97	17,144.29	<b>181,330.04</b>
	Total Allocated Expenditures	474,302.56	459,622.85	325,677.48	<b>5,610,621.50</b>
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 228,437.89	\$ 161,014.71	\$ 219,240.44	<b>1,755,195.67</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
				Budget	
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	1,600.00	300.00	(1,300.00)	533.33%
4002406	License & Renewal Fee	1,214,875.00	1,062,950.00	(151,925.00)	114.29%
4002408	Board Endorsement - In	4,080.00	-	(4,080.00)	0.00%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	300.00	700.00	400.00	42.86%
	<b>Total Fee Revenue</b>	<b>1,220,855.00</b>	<b>1,064,280.00</b>	<b>(156,575.00)</b>	<b>114.71%</b>
<b>4003000</b>	<b>Sales of Prop. &amp; Commodities</b>				
4003007	Sales of Goods/Svces to State	842,843.27	558,242.00	(284,601.27)	150.98%
4003020	Misc. Sales-Dishonored Payments	285.00	-	(285.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>843,128.27</b>	<b>558,242.00</b>	<b>(284,886.27)</b>	<b>151.03%</b>
<b>4009000</b>	<b>Other Revenue</b>				
	<b>Total Revenue</b>	<b>2,063,983.27</b>	<b>1,622,522.00</b>	<b>(441,461.27)</b>	<b>127.21%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>	16,554.42	17,762.00	1,207.58	93.20%
5011120	Fed Old-Age Ins- Sal St Emp	10,585.79	10,073.00	(512.79)	105.09%
5011130	Fed Old-Age Ins- Wage Earners	8,024.03	5,071.00	(2,953.03)	158.23%
5011140	Group Insurance	1,611.61	1,725.00	113.39	93.43%
5011150	Medical/Hospitalization Ins.	33,824.00	32,724.00	(1,100.00)	103.36%
5011160	Retiree Medical/Hospitalizatn	1,450.34	1,554.00	103.66	93.33%
5011170	Long term Disability Ins	815.11	869.00	53.89	93.80%
	<b>Total Employee Benefits</b>	<b>72,865.30</b>	<b>69,778.00</b>	<b>(3,087.30)</b>	<b>104.42%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	122,526.51	131,662.00	9,135.49	93.06%
5011250	Salaries, Overtime	2,733.00	-	(2,733.00)	0.00%
	<b>Total Salaries</b>	<b>125,259.51</b>	<b>131,662.00</b>	<b>6,402.49</b>	<b>95.14%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011310	Bonuses and Incentives	910.52	-	(910.52)	0.00%
5011380	Deferred Compnstn Match Pmts	800.00	1,440.00	640.00	55.56%
	<b>Total Special Payments</b>	<b>1,710.52</b>	<b>1,440.00</b>	<b>(270.52)</b>	<b>118.79%</b>
<b>5011400</b>	<b>Wages</b>				
5011410	Wages, General	109,394.44	66,280.00	(43,114.44)	165.05%
5011430	Wages, Overtime	1,061.22	-	(1,061.22)	0.00%
	<b>Total Wages</b>	<b>110,455.66</b>	<b>66,280.00</b>	<b>(44,175.66)</b>	<b>166.65%</b>
5011530	Short-trm Disability Benefits	2,942.65	-	(2,942.65)	0.00%
	<b>Total Disability Benefits</b>	<b>2,942.65</b>	<b>-</b>	<b>(2,942.65)</b>	<b>0.00%</b>
<b>5011600</b>	<b>Terminatn Personal Svce Costs</b>				
5011620	Salaries, Annual Leave Balanc	6,739.37	-	(6,739.37)	0.00%
5011630	Salaries, Sick Leave Balances	2,966.82	-	(2,966.82)	0.00%
5011640	Salaries, Cmp Leave Balances	213.44	-	(213.44)	0.00%
5011660	Defined Contribution Match - Hy	148.83	-	(148.83)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>10,068.46</b>	<b>-</b>	<b>(10,068.46)</b>	<b>0.00%</b>
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	<b>Total Personal Services</b>	<b>323,302.10</b>	<b>269,160.00</b>	<b>(54,142.10)</b>	<b>120.12%</b>
<b>5012000</b>	<b>Contractual Svcs</b>				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
			Budget	Budget	
<b>5012100</b>	<b>Communication Services</b>				
5012110	Express Services	51.49	-	(51.49)	0.00%
5012140	Postal Services	48,866.71	32,117.00	(16,749.71)	152.15%
5012150	Printing Services	153.80	276.00	122.20	55.72%
5012160	Telecommunications Svcs (VITA)	1,260.27	2,500.00	1,239.73	50.41%
5012190	Inbound Freight Services	0.94	-	(0.94)	0.00%
	<b>Total Communication Services</b>	<b>50,333.21</b>	<b>34,893.00</b>	<b>(15,440.21)</b>	<b>144.25%</b>
<b>5012300</b>	<b>Health Services</b>				
5012360	X-ray and Laboratory Services	89.50	125.00	35.50	71.60%
	<b>Total Health Services</b>	<b>89.50</b>	<b>125.00</b>	<b>35.50</b>	<b>71.60%</b>
<b>5012400</b>	<b>Mgmnt and Informational Svcs</b>				
5012420	Fiscal Services	21,083.79	24,920.00	3,836.21	84.61%
5012440	Management Services	333.57	530.00	196.43	62.94%
5012460	Public Infrmntl & Relatn Svcs	-	10.00	10.00	0.00%
	<b>Total Mgmnt and Informational Svcs</b>	<b>21,417.36</b>	<b>25,460.00</b>	<b>4,042.64</b>	<b>84.12%</b>
<b>5012500</b>	<b>Repair and Maintenance Svcs</b>				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	<b>Total Repair and Maintenance Svcs</b>	<b>-</b>	<b>72.00</b>	<b>72.00</b>	<b>0.00%</b>
<b>5012600</b>	<b>Support Services</b>				
5012660	Manual Labor Services	1,311.44	2,454.00	1,142.56	53.44%
5012670	Production Services	13,168.13	10,300.00	(2,868.13)	127.85%
5012680	Skilled Services	16,311.43	48,303.00	31,991.57	33.77%
	<b>Total Support Services</b>	<b>30,791.00</b>	<b>61,057.00</b>	<b>30,266.00</b>	<b>50.43%</b>
<b>5012800</b>	<b>Transportation Services</b>				
5012820	Travel, Personal Vehicle	10,073.24	6,893.00	(3,180.24)	146.14%
5012830	Travel, Public Carriers	201.40	-	(201.40)	0.00%
5012840	Travel, State Vehicles	1,311.32	310.00	(1,001.32)	423.01%
5012850	Travel, Subsistence & Lodging	3,284.26	912.00	(2,372.26)	360.12%
5012880	Trvl, Meal Reimb- Not Rprtbl	3,415.00	528.00	(2,887.00)	646.78%
	<b>Total Transportation Services</b>	<b>18,285.22</b>	<b>8,643.00</b>	<b>(9,642.22)</b>	<b>211.56%</b>
	<b>Total Contractual Svcs</b>	<b>120,916.29</b>	<b>130,250.00</b>	<b>9,333.71</b>	<b>92.83%</b>
<b>5013000</b>	<b>Supplies And Materials</b>				
<b>5013100</b>	<b>Administrative Supplies</b>				
5013120	Office Supplies	1,725.78	1,092.00	(633.78)	158.04%
5013130	Stationery and Forms	51.35	1,203.00	1,151.65	4.27%
	<b>Total Administrative Supplies</b>	<b>1,777.13</b>	<b>2,295.00</b>	<b>517.87</b>	<b>77.43%</b>
<b>5013200</b>	<b>Energy Supplies</b>				
5013230	Gasoline	42.58	-	(42.58)	0.00%
	<b>Total Energy Supplies</b>	<b>42.58</b>	<b>-</b>	<b>(42.58)</b>	<b>0.00%</b>
<b>5013300</b>	<b>Manufctrng and Merch Supplies</b>				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	<b>Total Manufctrng and Merch Supplies</b>	<b>-</b>	<b>20.00</b>	<b>20.00</b>	<b>0.00%</b>
<b>5013500</b>	<b>Repair and Maint. Supplies</b>				
5013520	Custodial Repair & Maint Matrl	7.18	-	(7.18)	0.00%
	<b>Total Repair and Maint. Supplies</b>	<b>7.18</b>	<b>-</b>	<b>(7.18)</b>	<b>0.00%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	<b>Total Residential Supplies</b>	<u>-</u>	<u>306.00</u>	<u>306.00</u>	<u>0.00%</u>
	<b>Total Supplies And Materials</b>	<u>1,826.89</u>	<u>2,621.00</u>	<u>794.11</u>	<u>69.70%</u>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	83.94	106.00	22.06	79.19%
	<b>Total Insurance-Fixed Assets</b>	<u>83.94</u>	<u>106.00</u>	<u>22.06</u>	<u>79.19%</u>
5015300	Operating Lease Payments				
5015340	Equipment Rentals	20.78	-	(20.78)	0.00%
5015350	Building Rentals	54.48	-	(54.48)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	32,407.41	31,378.00	(1,029.41)	103.28%
	<b>Total Operating Lease Payments</b>	<u>32,482.67</u>	<u>31,428.00</u>	<u>(1,054.67)</u>	<u>103.36%</u>
5015500	Insurance-Operations				
5015510	General Liability Insurance	301.30	399.00	97.70	75.51%
5015540	Surety Bonds	17.78	24.00	6.22	74.08%
	<b>Total Insurance-Operations</b>	<u>319.08</u>	<u>423.00</u>	<u>103.92</u>	<u>75.43%</u>
	<b>Total Continuous Charges</b>	<u>32,885.69</u>	<u>31,957.00</u>	<u>(928.69)</u>	<u>102.91%</u>
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	<u>-</u>	<u>162.00</u>	<u>162.00</u>	<u>0.00%</u>
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	<b>Total Office Equipment</b>	<u>-</u>	<u>4.00</u>	<u>4.00</u>	<u>0.00%</u>
	<b>Total Equipment</b>	<u>-</u>	<u>166.00</u>	<u>166.00</u>	<u>0.00%</u>
	<b>Total Expenditures</b>	<u>478,930.97</u>	<u>434,154.00</u>	<u>(44,776.97)</u>	<u>110.31%</u>
	<b>Allocated Expenditures</b>				
20400	Nursing / Nurse Aid	17,345.15	26,119.22	8,774.07	66.41%
30100	Data Center	250,207.58	216,005.61	(34,201.97)	115.83%
30200	Human Resources	33,774.09	31,894.71	(1,879.38)	105.89%
30300	Finance	155,166.31	158,071.74	2,905.43	98.16%
30400	Director's Office	86,230.40	92,972.68	6,742.28	92.75%
30500	Enforcement	661,453.42	668,906.50	7,453.08	98.89%
30600	Administrative Proceedings	124,680.51	151,044.67	26,364.15	82.55%
30700	Impaired Practitioners	1,356.10	1,690.63	334.52	80.21%
30800	Attorney General	1,556.81	1,536.54	(20.28)	101.32%
30900	Board of Health Professions	41,644.72	61,304.90	19,660.18	67.93%
31100	Maintenance and Repairs	-	794.07	794.07	0.00%
31300	Emp. Recognition Program	1,588.50	408.17	(1,180.33)	389.17%
31400	Conference Center	494.09	417.52	(76.57)	118.34%

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 11200 - Certified Nurse Aides  
 For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account				Amount	
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
31500	Pgm Devlpmnt & Implmentn	48,172.08	47,543.37	(628.71)	101.32%
	<b>Total Allocated Expenditures</b>	<u>1,423,669.78</u>	<u>1,458,710.31</u>	<u>35,040.54</u>	<u>97.60%</u>
	<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<u>\$ 161,382.52</u>	<u>\$ (270,342.31)</u>	<u>\$ (431,724.84)</u>	<u>59.70%</u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
4002400 Fee Revenue										
4002401	Application Fee	125.00	50.00	75.00	25.00	100.00	75.00	100.00	150.00	275.00
4002406	License & Renewal Fee	108,900.00	103,095.00	83,995.00	86,410.00	68,230.00	82,670.00	95,040.00	103,670.00	107,030.00
4002408	Board Endorsement - In	-	-	-	3,960.00	-	-	-	-	120.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	-	-	35.00	-	-	-	90.00
	Total Fee Revenue	109,060.00	103,215.00	84,070.00	90,395.00	68,365.00	82,745.00	95,140.00	103,820.00	107,515.00
4003000 Sales of Prop. & Commodities										
4003007	Sales of Goods/Svces to State	-	71,807.50	-	54,862.07	-	-	124,394.14	-	236,579.23
4003020	Misc. Sales-Dishonored Payments	60.00	60.00	-	-	30.00	-	-	-	45.00
	Total Sales of Prop. & Commodities	60.00	71,867.50	-	54,862.07	30.00	-	124,394.14	-	236,624.23
	Total Revenue	109,120.00	175,082.50	84,070.00	145,257.07	68,395.00	82,745.00	219,534.14	103,820.00	344,139.23
5011000 Personal Services										
5011100 Employee Benefits										
5011110	Employer Retirement Contrib.	2,260.18	1,480.08	1,480.08	1,480.08	1,480.08	898.36	1,236.30	1,236.30	1,236.30
5011120	Fed Old-Age Ins- Sal St Emp	1,232.99	854.15	851.56	835.27	816.80	1,423.09	596.71	699.47	679.02
5011130	Fed Old-Age Ins- Wage Earners	855.74	650.86	517.00	505.34	756.70	863.09	503.96	677.24	433.99
5011140	Group Insurance	209.02	143.74	143.74	143.74	143.74	87.24	122.68	122.68	122.68
5011150	Medical/Hospitalization Ins.	4,186.50	2,727.00	2,727.00	2,727.00	2,727.00	2,132.00	2,727.00	2,727.00	2,727.00
5011160	Retiree Medical/Hospitalizatn	187.06	129.46	129.46	129.46	129.46	78.58	110.50	110.50	110.50
5011170	Long term Disability Ins	108.60	72.40	72.40	72.40	72.40	43.94	61.80	61.80	61.80
	Total Employee Benefits	9,040.09	6,057.69	5,921.24	5,893.29	6,126.18	5,526.30	5,358.95	5,634.99	5,371.29
5011200 Salaries										
5011230	Salaries, Classified	16,457.61	10,971.74	10,971.74	10,971.74	11,127.68	5,910.45	8,289.07	9,365.22	9,365.22
5011250	Salaries, Overtime	494.81	644.93	610.95	398.03	-	207.82	-	267.19	-
	Total Salaries	16,952.42	11,616.67	11,582.69	11,369.77	11,127.68	6,118.27	8,289.07	9,632.41	9,365.22
5011310	Bonuses and Incentives	-	-	-	-	-	-	-	-	-
5011380	Deferred Compnstn Match Pmts	120.00	80.00	80.00	80.00	80.00	60.00	40.00	40.00	40.00
	Total Special Payments	120.00	80.00	80.00	80.00	80.00	60.00	40.00	40.00	40.00
5011400 Wages										

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5011410	Wages, General	11,186.30	8,332.35	6,758.30	6,605.39	9,891.66	11,001.32	6,587.80	8,852.87	5,672.64
5011430	Wages, Overtime	-	175.57	-	-	-	280.91	-	-	-
	Total Wages	11,186.30	8,507.92	6,758.30	6,605.39	9,891.66	11,282.23	6,587.80	8,852.87	5,672.64
5011500	Disability Benefits									
5011530	Short-trm Disability Benefits	-	-	-	-	-	2,942.65	-	-	-
	Total Disability Benefits	-	-	-	-	-	2,942.65	-	-	-
5011600	Terminatn Personal Svce Costs									
5011620	Salaries, Annual Leave Balanc	-	-	-	-	-	6,739.37	-	-	-
5011630	Salaries, Sick Leave Balances	-	-	-	-	-	2,966.82	-	-	-
5011640	Salaries, Cmp Leave Balances	-	-	-	-	-	213.44	-	-	-
5011660	Defined Contribution Match - Hy	-	-	-	-	-	-	27.06	27.06	27.06
	Total Terminatn Personal Svce Costs	-	-	-	-	-	9,919.63	27.06	27.06	27.06
	Total Personal Services	37,298.81	26,262.28	24,342.23	23,948.45	27,225.52	35,849.08	20,302.88	24,187.33	20,476.21
5012000	Contractual Svcs									
5012100	Communication Services									
5012110	Express Services	-	-	-	-	-	-	-	-	-
5012140	Postal Services	7,172.59	4,588.74	4,307.95	5,409.84	3,287.97	3,937.63	2,044.64	2,957.37	4,740.53
5012150	Printing Services	-	-	-	-	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	165.06	164.51	158.28	-	157.04	165.48	332.17	157.53	150.92
5012190	Inbound Freight Services	-	-	-	-	-	-	-	0.94	-
	Total Communication Services	7,337.65	4,753.25	4,466.23	5,409.84	3,445.01	4,103.11	2,376.81	3,115.84	4,891.45
5012300	Health Services									
5012360	X-ray and Laboratory Services	-	19.80	-	-	-	-	-	-	-
	Total Health Services	-	19.80	-	-	-	-	-	-	-
5012400	Mgmnt and Informational Svcs									
5012420	Fiscal Services	2,087.79	2,324.66	1,909.38	1,685.25	1,450.89	1,427.52	2,480.64	120.00	1,731.02
5012440	Management Services	-	102.98	-	58.22	-	20.18	-	11.81	-
	Total Mgmnt and Informational Svcs	2,087.79	2,427.64	1,909.38	1,743.47	1,450.89	1,447.70	2,480.64	131.81	1,731.02
5012600	Support Services									
5012660	Manual Labor Services	30.81	151.98	42.97	46.64	66.03	194.25	74.64	57.95	181.78





Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5015300	Operating Lease Payments									
5015340	Equipment Rentals	4.90	-	-	-	-	3.97	-	3.97	-
5015350	Building Rentals	-	13.62	-	-	13.62	-	-	13.62	-
5015390	Building Rentals - Non State	2,596.98	2,995.60	2,596.98	2,596.98	2,946.93	2,602.49	2,596.98	2,936.99	2,596.98
	Total Operating Lease Payments	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	2,954.58	2,596.98
5015500	Insurance-Operations									
5015510	General Liability Insurance	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	2,954.58	2,596.98
	Total Expenditures	53,263.23	41,264.14	36,521.12	36,162.77	38,007.14	49,637.51	31,874.50	34,666.74	33,620.35
	Allocated Expenditures									
20400	Nursing / Nurse Aid	1,965.71	846.02	385.73	1,244.73	1,339.56	1,549.10	1,199.92	1,095.29	1,930.88
30100	Data Center	24,633.46	29,673.59	12,429.45	26,761.40	8,341.73	20,037.74	27,418.40	21,419.53	19,457.48
30200	Human Resources	95.29	1,701.21	90.10	82.54	104.52	10,043.93	67.76	131.62	72.63
30300	Finance	28,284.77	17,011.97	9,891.16	26,460.18	28,416.26	(2,080.44)	21,642.92	(11,714.90)	10,403.60
30400	Director's Office	10,094.71	7,215.13	7,136.97	6,784.70	7,960.64	7,006.24	6,804.33	7,712.36	6,879.48
30500	Enforcement	91,840.60	60,044.70	58,606.95	52,329.72	51,156.97	49,975.09	45,268.53	49,261.16	51,189.50
30600	Administrative Proceedings	20,513.93	10,014.79	6,108.51	6,148.83	12,128.83	6,444.09	10,771.25	9,551.60	13,682.99
30700	Impaired Practitioners	166.77	117.49	115.42	115.39	96.71	102.51	95.01	104.72	97.89
30800	Attorney General	-	-	389.20	389.20	-	-	389.20	-	-
30900	Board of Health Professions	4,311.39	3,593.19	3,033.26	2,891.17	3,880.18	3,926.39	2,741.01	3,205.68	3,641.13
31300	Emp. Recognition Program	89.08	305.11	-	-	-	44.50	-	14.84	6.61
31400	Conference Center	41.22	38.19	224.94	(23.53)	17.62	36.39	17.48	67.85	27.17
31500	Pgm Devlpmnt & Implmntn	4,958.66	3,405.42	3,507.08	3,142.76	3,239.61	5,904.72	3,475.63	5,020.20	3,338.43
	Total Allocated Expenditures	186,995.59	133,966.80	101,918.78	126,327.10	116,682.61	102,990.25	119,891.46	85,869.96	110,727.79
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (131,138.82)	\$ (148.44)	\$ (54,369.90)	\$ (17,232.80)	\$ (86,294.75)	\$ (69,882.76)	\$ 67,768.18	\$ (16,716.70)	\$ 199,791.09

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 11200 - Certified Nurse Aides**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
4002400	Fee Revenue				
4002401	Application Fee	175.00	250.00	200.00	<b>1,600.00</b>
4002406	License & Renewal Fee	105,520.00	130,200.00	140,115.00	<b>1,214,875.00</b>
4002408	Board Endorsement - In	-	-	-	<b>4,080.00</b>
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	<b>300.00</b>
	Total Fee Revenue	<u>105,730.00</u>	<u>130,485.00</u>	<u>140,315.00</u>	<b>1,220,855.00</b>
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	-	169,929.78	185,270.55	<b>842,843.27</b>
4003020	Misc. Sales-Dishonored Payments	60.00	30.00	-	<b>285.00</b>
	Total Sales of Prop. & Commodities	<u>60.00</u>	<u>169,959.78</u>	<u>185,270.55</u>	<b>843,128.27</b>
	Total Revenue	<u>105,790.00</u>	<u>300,444.78</u>	<u>325,585.55</u>	<b>2,063,983.27</b>
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	1,459.72	1,683.14	623.80	<b>16,554.42</b>
5011120	Fed Old-Age Ins- Sal St Emp	794.50	918.81	883.42	<b>10,585.79</b>
5011130	Fed Old-Age Ins- Wage Earners	629.45	1,206.94	423.72	<b>8,024.03</b>
5011140	Group Insurance	144.38	166.08	61.89	<b>1,611.61</b>
5011150	Medical/Hospitalization Ins.	3,260.00	3,793.00	1,363.50	<b>33,824.00</b>
5011160	Retiree Medical/Hospitalizatn	130.04	149.58	55.74	<b>1,450.34</b>
5011170	Long term Disability Ins	72.73	83.66	31.18	<b>815.11</b>
	Total Employee Benefits	<u>6,490.82</u>	<u>8,001.21</u>	<u>3,443.25</u>	<b>72,865.30</b>
5011200	Salaries				
5011230	Salaries, Classified	11,021.39	12,677.56	5,397.09	<b>122,526.51</b>
5011250	Salaries, Overtime	-	109.27	-	<b>2,733.00</b>
	Total Salaries	<u>11,021.39</u>	<u>12,786.83</u>	<u>5,397.09</u>	<b>125,259.51</b>
5011310	Bonuses and Incentives	-	-	910.52	<b>910.52</b>
5011380	Deferred Compnstn Match Pmts	60.00	80.00	40.00	<b>800.00</b>
	Total Special Payments	<u>60.00</u>	<u>80.00</u>	<u>950.52</u>	<b>1,710.52</b>
5011400	Wages				-

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 11200 - Certified Nurse Aides**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5011410	Wages, General	8,228.55	15,172.00	11,105.26	<b>109,394.44</b>
5011430	Wages, Overtime	-	604.74	-	<b>1,061.22</b>
	Total Wages	<u>8,228.55</u>	<u>15,776.74</u>	<u>11,105.26</u>	<b>110,455.66</b>
5011500	Disability Benefits				
5011530	Short-trm Disability Benefits	-	-	-	<b>2,942.65</b>
	Total Disability Benefits	<u>-</u>	<u>-</u>	<u>-</u>	<b>2,942.65</b>
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	-	-	-	<b>6,739.37</b>
5011630	Salaries, Sick Leave Balances	-	-	-	<b>2,966.82</b>
5011640	Salaries, Cmp Leave Balances	-	-	-	<b>213.44</b>
5011660	Defined Contribution Match - Hy	27.06	27.06	13.53	<b>148.83</b>
	Total Terminatn Personal Svce Costs	<u>27.06</u>	<u>27.06</u>	<u>13.53</u>	<b>10,068.46</b>
	Total Personal Services	<u>25,827.82</u>	<u>36,671.84</u>	<u>20,909.65</u>	<b>323,302.10</b>
5012000	Contractual Svcs				-
5012100	Communication Services				-
5012110	Express Services	-	-	51.49	<b>51.49</b>
5012140	Postal Services	3,164.16	2,956.47	4,298.82	<b>48,866.71</b>
5012150	Printing Services	-	73.39	80.41	<b>153.80</b>
5012160	Telecommunications Svcs (VITA)	144.16	34.18	(369.06)	<b>1,260.27</b>
5012190	Inbound Freight Services	-	-	-	<b>0.94</b>
	Total Communication Services	<u>3,308.32</u>	<u>3,064.04</u>	<u>4,061.66</u>	<b>50,333.21</b>
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	22.55	47.15	<b>89.50</b>
	Total Health Services	<u>-</u>	<u>22.55</u>	<u>47.15</u>	<b>89.50</b>
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	1,866.17	3,880.47	120.00	<b>21,083.79</b>
5012440	Management Services	105.89	34.49	-	<b>333.57</b>
	Total Mgmnt and Informational Svcs	<u>1,972.06</u>	<u>3,914.96</u>	<u>120.00</u>	<b>21,417.36</b>
5012600	Support Services				
5012660	Manual Labor Services	333.75	118.95	11.69	<b>1,311.44</b>

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 11200 - Certified Nurse Aides**  
**For the Period Beginning July 1, 2016 and Ending June 30, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
5012670	Production Services	2,731.96	716.61	976.27	<b>13,168.13</b>
5012680	Skilled Services	1,290.65	1,290.65	1,806.91	<b>16,311.43</b>
	Total Support Services	<u>4,356.36</u>	<u>2,126.21</u>	<u>2,794.87</u>	<b>30,791.00</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	699.80	805.55	1,328.91	<b>10,073.24</b>
5012830	Travel, Public Carriers	-	34.13	-	<b>201.40</b>
5012840	Travel, State Vehicles	-	-	22.83	<b>1,311.32</b>
5012850	Travel, Subsistence & Lodging	107.74	206.20	1,279.89	<b>3,284.26</b>
5012880	Trvl, Meal Reimb- Not Rprtbl	147.50	108.25	977.50	<b>3,415.00</b>
	Total Transportation Services	<u>955.04</u>	<u>1,154.13</u>	<u>3,609.13</u>	<b>18,285.22</b>
	Total Contractual Svs	10,591.78	10,281.89	10,632.81	<b>120,916.29</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	95.32	207.93	322.94	<b>1,725.78</b>
5013130	Stationery and Forms	-	-	-	<b>51.35</b>
	Total Administrative Supplies	<u>95.32</u>	<u>207.93</u>	<u>322.94</u>	<b>1,777.13</b>
5013200	Energy Supplies				
5013230	Gasoline	6.41	-	-	<b>42.58</b>
	Total Energy Supplies	<u>6.41</u>	<u>-</u>	<u>-</u>	<b>42.58</b>
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	-	-	<b>7.18</b>
	Total Repair and Maint. Supplies	<u>-</u>	<u>-</u>	<u>-</u>	<b>7.18</b>
	Total Supplies And Materials	101.73	207.93	322.94	<b>1,826.89</b>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				-
5015160	Property Insurance	-	-	83.94	<b>83.94</b>
	Total Insurance-Fixed Assets	<u>-</u>	<u>-</u>	<u>83.94</u>	<b>83.94</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.97	-	3.97	20.78
5015350	Building Rentals	-	13.62	-	54.48
5015390	Building Rentals - Non State	2,923.72	2,644.90	2,371.88	32,407.41
	Total Operating Lease Payments	2,927.69	2,658.52	2,375.85	32,482.67
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	-	301.30	301.30
5015540	Surety Bonds	-	-	17.78	17.78
	Total Insurance-Operations	-	-	319.08	319.08
	Total Continuous Charges	2,927.69	2,658.52	2,778.87	32,885.69
	Total Expenditures	39,449.02	49,820.18	34,644.27	478,930.97
	Allocated Expenditures				
20400	Nursing / Nurse Aid	1,932.91	1,772.88	2,082.43	17,345.15
30100	Data Center	21,581.70	20,681.16	17,771.94	250,207.58
30200	Human Resources	106.13	136.89	21,141.49	33,774.09
30300	Finance	11,502.80	22,394.79	(7,046.81)	155,166.31
30400	Director's Office	6,984.72	7,380.09	4,271.03	86,230.40
30500	Enforcement	50,705.43	63,251.94	37,822.82	661,453.42
30600	Administrative Proceedings	12,106.90	9,420.68	7,788.11	124,680.51
30700	Impaired Practitioners	98.36	161.25	84.58	1,356.10
30800	Attorney General	389.20	-	-	1,556.81
30900	Board of Health Professions	4,123.91	4,394.08	1,903.32	41,644.72
31300	Emp. Recognition Program	3.96	172.11	952.29	1,588.50
31400	Conference Center	61.11	(11.34)	(3.01)	494.09
31500	Pgm Devlpmnt & Implmntn	3,394.73	3,865.96	4,918.87	48,172.08
	Total Allocated Expenditures	112,991.87	133,620.50	91,687.07	1,423,669.78
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (46,650.89)	\$ 117,004.10	\$ 199,254.21	161,382.52

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 20400 - Nursing / Nurse Aide  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
				Budget	
5011120	Fed Old-Age Ins- Sal St Emp	117.97	-	(117.97)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	1,901.73	3,005.00	1,103.27	63.29%
	<b>Total Employee Benefits</b>	<b>2,019.70</b>	<b>3,005.00</b>	<b>985.30</b>	<b>67.21%</b>
5011300	Special Payments				
5011310	Bonuses and Incentives	509.12	-	(509.12)	0.00%
	<b>Total Special Payments</b>	<b>509.12</b>	<b>-</b>	<b>(509.12)</b>	<b>0.00%</b>
5011400	Wages				
5011410	Wages, General	25,892.08	39,269.00	13,376.92	65.94%
	<b>Total Wages</b>	<b>25,892.08</b>	<b>39,269.00</b>	<b>13,376.92</b>	<b>65.94%</b>
5011930	Turnover/Vacancy Benefits				
	<b>Total Personal Services</b>	<b>28,420.90</b>	<b>42,274.00</b>	<b>13,853.10</b>	<b>67.23%</b>
5012000	Contractual Svcs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	<b>Total Mgmnt and Informational Svcs</b>	<b>-</b>	<b>4,110.00</b>	<b>4,110.00</b>	<b>0.00%</b>
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	<b>Total Support Services</b>	<b>-</b>	<b>20,598.00</b>	<b>20,598.00</b>	<b>0.00%</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	19,290.80	16,757.00	(2,533.80)	115.12%
5012830	Travel, Public Carriers	361.99	39.00	(322.99)	928.18%
5012850	Travel, Subsistence & Lodging	14,835.10	13,828.00	(1,007.10)	107.28%
5012880	Trvl, Meal Reimb- Not Rprtbl	6,743.00	6,546.00	(197.00)	103.01%
	<b>Total Transportation Services</b>	<b>41,230.89</b>	<b>37,170.00</b>	<b>(4,060.89)</b>	<b>110.93%</b>
	<b>Total Contractual Svcs</b>	<b>41,230.89</b>	<b>61,878.00</b>	<b>20,647.11</b>	<b>66.63%</b>
5013000	Supplies And Materials				
5013200	Energy Supplies				
5013230	Gasoline	21.34	-	(21.34)	0.00%
	<b>Total Energy Supplies</b>	<b>21.34</b>	<b>-</b>	<b>(21.34)</b>	<b>0.00%</b>
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	<b>Total Residential Supplies</b>	<b>-</b>	<b>14.00</b>	<b>14.00</b>	<b>0.00%</b>
	<b>Total Supplies And Materials</b>	<b>21.34</b>	<b>14.00</b>	<b>(7.34)</b>	<b>152.43%</b>
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	<b>Total Office Equipment</b>	<b>-</b>	<b>2,100.00</b>	<b>2,100.00</b>	<b>0.00%</b>
	<b>Total Equipment</b>	<b>-</b>	<b>2,100.00</b>	<b>2,100.00</b>	<b>0.00%</b>
	<b>Total Expenditures</b>	<b>69,673.13</b>	<b>106,266.00</b>	<b>36,592.87</b>	<b>65.56%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 20400 - Nursing / Nurse Aide  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5011000	Personal Services									
5011100	Employee Benefits									
5011120	Fed Old-Age Ins- Sal St Emp	-	-	-	-	-	-	-	-	-
5011130	Fed Old-Age Ins- Wage Earners	339.56	153.12	41.51	87.21	292.05	167.68	122.81	99.36	186.78
	Total Employee Benefits	339.56	153.12	41.51	87.21	292.05	167.68	122.81	99.36	186.78
5011300	Special Payments									
5011310	Bonuses and Incentives	-	-	-	-	-	-	-	-	-
	Total Special Payments	-	-	-	-	-	-	-	-	-
5011400	Wages									
5011410	Wages, General	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	1,298.88	2,441.60
	Total Wages	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	1,298.88	2,441.60
	Total Personal Services	4,778.28	2,154.56	584.15	1,227.29	4,109.49	2,359.68	1,728.09	1,398.24	2,628.38
5012000	Contractual Svs									
5012800	Transportation Services									
5012820	Travel, Personal Vehicle	371.52	2,246.94	129.60	2,465.10	1,249.56	3,260.48	366.05	2,393.60	1,838.81
5012830	Travel, Public Carriers	-	-	-	-	-	-	-	-	286.40
5012850	Travel, Subsistence & Lodging	104.44	1,571.85	403.36	1,831.79	712.66	2,003.15	927.90	1,332.37	1,865.94
5012880	Trvl, Meal Reimb- Not Rprtble	70.00	672.50	59.25	794.25	494.75	1,079.50	177.75	900.50	596.00
	Total Transportation Services	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	4,626.47	4,587.15
	Total Contractual Svs	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	4,626.47	4,587.15
5013000	Supplies And Materials									
5013200	Energy Supplies									
5013230	Gasoline	-	-	-	-	-	-	-	-	-
	Total Energy Supplies	-	-	-	-	-	-	-	-	-
	Total Supplies And Materials	-	-	-	-	-	-	-	-	-
	Total Expenditures	5,324.24	6,645.85	1,176.36	6,318.43	6,566.46	8,702.81	3,199.79	6,024.71	7,215.53

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 20400 - Nursing / Nurse Aide  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	-	-	117.97	<b>117.97</b>
5011130	Fed Old-Age Ins- Wage Earners	126.76	217.48	67.41	<b>1,901.73</b>
	Total Employee Benefits	126.76	217.48	185.38	<b>2,019.70</b>
5011300	Special Payments				
5011310	Bonuses and Incentives	-	-	509.12	<b>509.12</b>
	Total Special Payments	-	-	509.12	<b>509.12</b>
5011400	Wages				-
5011410	Wages, General	1,657.04	2,842.72	1,914.24	<b>25,892.08</b>
	Total Wages	1,657.04	2,842.72	1,914.24	<b>25,892.08</b>
	Total Personal Services	1,783.80	3,060.20	2,608.74	<b>28,420.90</b>
5012000	Contractual Svs				-
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,512.49	2,061.36	1,395.29	<b>19,290.80</b>
5012830	Travel, Public Carriers	75.59	-	-	<b>361.99</b>
5012850	Travel, Subsistence & Lodging	1,272.46	1,237.20	1,571.98	<b>14,835.10</b>
5012880	Trvl, Meal Reimb- Not Rprtble	645.50	732.75	520.25	<b>6,743.00</b>
	Total Transportation Services	3,506.04	4,031.31	3,487.52	<b>41,230.89</b>
	Total Contractual Svs	3,506.04	4,031.31	3,487.52	<b>41,230.89</b>
5013000	Supplies And Materials				
5013200	Energy Supplies				
5013230	Gasoline	-	-	21.34	<b>21.34</b>
	Total Energy Supplies	-	-	21.34	<b>21.34</b>
	Total Supplies And Materials	-	-	21.34	<b>21.34</b>
	Total Expenditures	5,289.84	7,091.51	6,117.60	<b>69,673.13</b>



2017 Monthly Tracking Log

**License Count**

Nursing	Dec-16	Jan-17	Feb - 17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Pres Auth	6,366	6,417	6,468	6,572	6,605	6,650	6,724	6,840	6,921					
Massage Therapy	8,097	8,175	8,219	8,253	8,258	8,282	8,312	8,341	8,392					
Medication Aide	5,909	5,967	5,885	6,014	6,046	6,083	6,082	6,095	6,139					
Clinical Nurse Spec	440	439	440	441	441	440	440	437	435					
Nurse Practitioner	9,290	9,384	9,469	9,556	9,585	9,633	9,716	9,897	9,970					
Practical Nurse	29,379	29,319	29,259	29,276	29,199	29,137	29,103	29,116	29,129					
Registered Nurse	105,254	105,598	105,633	105,989	105,830	105,942	106,402	107,114	107,631					
<b>Total for Nursing</b>	<b>164,735</b>	<b>165,299</b>	<b>165,373</b>	<b>166,101</b>	<b>165,964</b>	<b>166,167</b>	<b>166,779</b>	<b>167,840</b>	<b>168,617</b>		0	0	0	
Nurse Aide	52,376	52,842	52,564	52,884	52,530	52,350	51,663	51,511	51,660					
Advanced Nurse Aide	71	70	68	66	67	65	64	62	62					
<b>Total for Nurse Aide</b>	<b>52,447</b>	<b>52,912</b>	<b>52,632</b>	<b>52,950</b>	<b>52,597</b>	<b>52,415</b>	<b>51,727</b>	<b>51,573</b>	<b>51,722</b>		0	0	0	
<b>Total</b>	<b>217,182</b>	<b>218,211</b>	<b>218,005</b>	<b>219,051</b>	<b>218,561</b>	<b>218,582</b>	<b>218,506</b>	<b>219,413</b>	<b>220,339</b>	0	0	0	0	

**Open Cases Count**

Nursing	1033	995	1004	1061	1072	1081	1100	1033	1082					
Nurse Aide	358	343	341	350	343	349	370	389	411					
<b>Total</b>	<b>1,391</b>	<b>1,338</b>	<b>1,345</b>	<b>1,411</b>	<b>1,415</b>	<b>1,430</b>	<b>1,470</b>	<b>1,422</b>	<b>1,493</b>	0	0	0	0	

Rec'd RN	66	53	74	86	90	64	86	69	71					593
Rec'd PN	44	32	46	46	42	49	42	33	30					320
Rec'd NP, AP, CNS	9	20	12	36	16	15	17	20	27					163
Rec'd LMT	2	7	2	5	6	1	3	2	2					28
Rec'd RMA	11	6	6	6	9	10	10	7	15					69
Rec'd Edu Program	3	2	2	5	2	0	4	0	2					17
<b>Total Rec'd Nursing</b>	<b>135</b>	<b>120</b>	<b>142</b>	<b>184</b>	<b>165</b>	<b>139</b>	<b>162</b>	<b>131</b>	<b>147</b>	0	0	0	0	<b>1,190</b>
Closed RN	90	57	95	73	61	78	61	84	46					555
Closed PN	58	22	71	35	47	54	26	72	28					355
Closed NP, AP, CNS	52	14	10	18	19	21	21	10	11					124
Closed LMT	3	5	6	7	1	7	4	3	4					37
Closed RMA	8	10	10	10	5	6	8	3	11					63
Closed Edu Program	0	4	2	2	0	1	3	2	0					14
<b>Total Closed Nursing</b>	<b>211</b>	<b>112</b>	<b>194</b>	<b>145</b>	<b>133</b>	<b>167</b>	<b>123</b>	<b>174</b>	<b>100</b>	0	0	0	0	<b>1,148</b>
<b>Nurse Aide</b>														
Received	55	45	59	69	56	52	50	39	55					425
Rec'd Edu Program	0	0	0	0	0	0	1	1	0					2
<b>Total Rec'd CNA</b>	<b>55</b>	<b>45</b>	<b>59</b>	<b>69</b>	<b>56</b>	<b>52</b>	<b>51</b>	<b>40</b>	<b>55</b>		0	0	0	<b>427</b>
Closed	79	60	65	64	72	63	26	27	35					412
Closed Edu Program	0	0	0	1	0	0	0	1	0					2
<b>Total Closed CNA</b>	<b>79</b>	<b>60</b>	<b>65</b>	<b>65</b>	<b>72</b>	<b>63</b>	<b>26</b>	<b>28</b>	<b>35</b>	0	0	0	0	<b>414</b>

## HPMP Monthly Census Report Active Cases June 30, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	278	LPN	43	9.7065
Nursing	278	RN	219	49.4357
Nursing	279	LNP	16	3.6117
			<b>278</b>	<b>62.7540</b>
Nursing	6	CNA	5	<b>1.1287</b>
Nursing	6	RMA	1	<b>0.2257</b>
			<b>6</b>	<b>1.3544</b>
Medicine	108	DO	10	2.2573
Medicine	108	Intern/Resident	8	1.8059
Medicine	108	MD	70	15.8014
Medicine	108	PA	8	1.8059
Medicine	108	Lic Rad Tech	2	0.4515
Medicine	108	DC	2	0.4515
Medicine	108	OT	2	0.4515
Medicine	108	RT	4	0.9029
Medicine	108	DPM	1	0.2257
Medicine	108	LBA	1	0.2257
			<b>108</b>	<b>24.3792</b>
Pharmacy	20	Pharmacist	19	<b>4.2889</b>
Pharmacy	20	Pharm Tech	1	
			<b>20</b>	
Dentistry	15	DDS	9	2.0316
Dentistry	15	DMD	2	0.4515
Dentistry	15	RDH	4	0.9029
			<b>15</b>	<b>3.3860</b>
Social Work	5	LCSW	5	<b>1.1287</b>
Psychology	2	LCP	2	<b>0.4515</b>
Counseling	1	LPC	1	<b>0.2257</b>
Veterinary Medicine	2	DVM	2	<b>0.4515</b>
Audiology & Speech-Language	1	SLP	1	<b>0.2257</b>
Physical Therapy	5	PT	2	0.4515
Physical Therapy	3	PTA	3	0.6772
			<b>5</b>	<b>1.1287</b>
<b>TOTALS</b>			<b>443.00</b>	<b>100.00</b>

## HPMP Quarterly Report April - June 2017

Board	License	Admissions <sup>1</sup>		Stays <sup>2</sup>	Comp <sup>3</sup>	Vacated Stays <sup>4</sup>		Dismissals <sup>5</sup>			
		Req	Vol			Vac Only	Vac & Dism	N/C	Inel	Dism Resig	Resig
Nursing	LNP	1						2			
	LPN	7			1			2			
	RN	11	2	6	1	1		9			
	CNA	2						1			
	RMA										
<b>Nursing Total</b>		<b>21</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>
	DC										
	DO				1						
	DPM										
	Intern/Resident										
	LAT										
	LBA										
Medicine	Lic Rad Tech										
	MD	6	2		4			2			
	OT										
	PA	2									
	RT							1			
<b>Medicine Total</b>		<b>8</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
Pharmacy	Pharmacist	1									
	Pharm Tech	1									
<b>Pharmacy Total</b>		<b>2</b>									
Dentistry	DDS								1		
	DMD										
	RDH	1									
<b>Dentistry Total</b>		<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Social Work	LCSW	1									
Psychology	LCP	0									
Counseling	LPC	0									
Veterinary Med	DVM	0									
Audiology/Speech Path	SLP	0									
Physical Therapy	PT										
	PTA	1									
<b>Physical Therapy Total</b>		<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>		<b>34</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>0</b>

Admissions<sup>1</sup>: Req=Required (Board, Board Ordered, Investigator, Other Monitoring Program); Vol=Voluntary (Treatment Provider, Employer, Self, Other - no DHP involvement at time of intake)

Stays<sup>2</sup>: Stays of Disciplinary Action Granted

Comp<sup>3</sup>: Successful Completions

Vacated Stays<sup>4</sup>: Vac Only=Vacated Stay Only; Vac & Dism=Vacated Stay & Dismissal

Dismissals<sup>5</sup>: N/C=Dismissed Non-Compliant; Inel=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

## HPMP Monthly Census Report Active Cases July 31, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	271	LPN	40	9.2593
Nursing	271	RN	216	50.0000
Nursing	271	LNP	15	3.4722
			<b>271</b>	<b>62.7315</b>
Nursing	5	CNA	5	1.1574
			<b>5</b>	<b>1.1601</b>
Medicine	107	DO	8	1.8519
Medicine	107	Intern/Resident	7	1.6204
Medicine	107	MD	72	16.6667
Medicine	107	PA	8	1.8519
Medicine	107	Lic Rad Tech	2	0.4630
Medicine	107	DC	2	0.4630
Medicine	107	OT	2	0.4630
Medicine	107	RT	4	0.9259
Medicine	107	DPM	1	0.2315
Medicine	107	LBA	1	0.2315
			<b>107</b>	<b>24.7685</b>
Pharmacy	18	Pharmacist	18	4.1667
			<b>18</b>	<b>4.1765</b>
Dentistry	15	DDS	9	2.0833
Dentistry	15	DMD	2	0.4630
Dentistry	15	RDH	4	0.9259
			<b>15</b>	<b>3.4722</b>
Social Work	5	LCSW	5	1.1574
Psychology	2	LCP	2	0.4630
Counseling	1	LPC	1	0.2315
Veterinary Medicine	2	DVM	2	0.4630
Audiology & Speech-Language	1	SLP	1	0.2315
Physical Therapy	5	PT	2	0.4630
Physical Therapy	5	PTA	3	0.6944
			<b>5</b>	<b>1.1574</b>
<b>TOTALS</b>			<b>432.00</b>	<b>100.00</b>

## HPMP Monthly Census Report Active Cases August 31, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	277	LPN	41	9.2760
Nursing	277	RN	222	50.2262
Nursing	277	LNP	14	3.1674
			<b>277</b>	<b>62.6697</b>
Nursing	5	CNA	5	1.1312
			<b>5</b>	<b>1.1601</b>
Medicine	110	DO	10	2.2624
Medicine	110	Intern/Resident	7	1.5837
Medicine	110	MD	73	16.5158
Medicine	110	PA	8	1.8100
Medicine	110	Lic Rad Tech	2	0.4525
Medicine	110	DC	2	0.4525
Medicine	110	OT	2	0.4525
Medicine	110	RT	4	0.9050
Medicine	110	DPM	1	0.2262
Medicine	110	LBA	1	0.2262
			<b>110</b>	<b>24.8869</b>
Pharmacy	18	Pharmacist	18	4.0724
			<b>18</b>	<b>4.1765</b>
Dentistry	16	DDS	9	2.0362
Dentistry	16	DMD	2	0.4525
Dentistry	16	RDH	5	1.1312
			<b>16</b>	<b>3.6199</b>
Social Work	5	LCSW	5	1.1312
Psychology	2	LCP	2	0.4525
Counseling	1	LPC	1	0.2262
Veterinary Medicine	2	DVM	2	0.4525
Audiology & Speech-Language	1	SLP	1	0.2262
Physical Therapy	5	PT	2	0.4525
Physical Therapy	5	PTA	3	0.6787
			<b>5</b>	<b>1.1312</b>
<b>TOTALS</b>			<b>442.00</b>	<b>100.00</b>

## Virginia Board of Nursing

### Guidance Document 90-6 (PICC Line Insertion and Removal) Committee

#### July 18, 2017 Meeting Minutes

- Time and Place:** The meeting of the Guidance Document 90-6 Committee meeting was convened at 3:10 P.M. on July 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- Board Members Present:** Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson  
Guia Caliwagan, RN, MAN, EdS  
Marie Gerardo, MS, RN, NEA-BC
- Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE  
Jodi Power, RN, JD
- Other Present:** Fran Conklin, BS, RN-BC, CRNI, Pediatric Clinical Nurse IV  
Centra Health

The Committee discussed and reviewed the *2016 Infusion Nurses Society Standards* provided by Ms. Conklin. The proposed changes to Guidance Document 90-6 were reviewed in light of comments received from the public.

Ms. Douglas informed the Committee that a request for public comment on the draft document was sent to the Virginia Nurses Association (VNA), the Virginia Organization of Nurse Executive Headers, Virginia Hospital and Health Care Association (HHCA), and the Legislative Coalition of Virginia Nurses. She added that five comments were received in support of proposed changes with minor suggestions for change and no comments in opposition were received.

There was not any member of the public present to address the Committee.

The Committee discussed the possibility of including licensed practical nurses (LPN's) in Guidance Document 90-6. Factors considered were the education preparation of LPN's, the scope of practice of LPN's and the need for a comprehensive patient assessment associated with insertion and removal of PICC Lines. Ms. Conklin made the Committee aware that in some jurisdictions respiratory therapists and LPN's are authorized to insert and remove PICC Lines.

The Committee decided that this guidance document not be modified to include LPN's. Suggested changes to the draft distributed to the public on June 12, 2017 include:

- Insert “**or central venous access devices**” after (PICC) lines; and insert “**physician assistant, or nurse practitioner**” after a license physician in the introduction paragraph
- Insert “***and removal***” at the end of item # 2
- Insert into item # 4 “***insertion, removal, and maintenance of these devices.***”
- Insert into item # 5 “***on insertion***” after axillary vein
- Include footnote reference to “***Infusion Therapy Standards of Practice – Infusion Nurse Society 2016***”

Ms. Douglas was directed to seek advice from Board Counsel about obtaining and attaching the Infusion Nurses Society Standards to the guidance document.

**Next steps:**

- Provide the Committee with a clean draft of Guidance Document 90-6 that incorporated the above changes
- Provide final draft to Board Counsel for review
- Present final draft to the full Board at the September 2017 meeting

Meeting was adjourned at 4:00 P.M.

## Virginia Board of Nursing

### Peripherally Inserted Central Catheters Line Insertion and Removal by Registered Nurses ~~under Appropriate Circumstances~~

It is the position of the Board of Nursing that a registered nurse may insert and remove Peripherally Inserted Central Catheters (PICC) lines or central venous access devices upon order of a licensed physician, physician assistant, or nurse practitioner and that the procedure is within the scope of practice of a registered nurse. In specific clinical practice settings, factors to be considered include:

1. The registered nurse possesses substantial knowledge and experience in intravenous therapy.
2. The registered nurse has specialized education and can demonstrate competency in line placement *and removal*. This documented education shall include a theoretical and clinical component.
3. The registered nurse documents continued competence in performing the skill and use of technology.
4. The agency or institution employing said nurses has established policies and procedures regarding ~~the use of these devices~~ *insertion, removal, and maintenance of these devices*.
5. Radiological confirmation or by other imaging technology of catheter position is made when tip placement is positioned beyond the axillary vein *on insertion* prior to use of the PICC for any reason.
6. The placement of a PICC line may only be carried out in ~~structured, clinical~~ settings where the equipment and expertise of other health professionals to manage complications are readily available.<sup>1</sup>

Accepted: January 27, 1993

Revised: July 15, 2008

Revised: September 11, 2012, May 2017

---

<sup>1</sup> Infusion Therapy Standards of Practice – Infusion Nurse Society 2016



**Virginia Board of Nursing**  
**Guidance Document 90-57 (Bylaws) Committee**  
**July 18, 2017 Meeting Minutes**

**Time and Place:** The meeting of the Guidance Document 90-57 Committee meeting was convened at 2:00 P.M. on July 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**Board Members Present:** Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson  
Marie Gerardo, MS, RN, NEA-BC, Secretary  
Mark Monson, Citizen Member

**Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE

The Committee convened to review the current Virginia Board of Nursing (BON) Bylaws Guidance Document 90-57 for any necessary revisions.

There was not any member of the public present to address the Committee.

The Chair led the Committee in an article by article review of the Bylaws. The following recommendations were made:

- Article I through Article III - no changes were recommended
- Article IV (Membership) - changes recommended to be consistent with current code:
  - ❖ **Section A:** “The Board shall be comprised of *fourteen* members. Seven members shall be registered nurse, *two* of whom shall be.....”
  - ❖ **Section D:** “Members shall attend all regular *discipline* and special meetings of the Board unless prevented **from doing so by** unavoidable cause.”
- Article V (Nominations and Elections)
  - ❖ **Section B (4):** add the word “*annual*” in front of “*meeting*” for clarification
  - ❖ **Section C (1):** add “*At the annual meeting*” in front of “*the President*”
  - ❖ **Section D (1):** replace “*at the close of the annual meeting*” with “**March 1**” due to change of the commencement of Officer Terms
  - ❖ **Section D (2):** replace “*three consecutive*” with “**two consecutive**” to reduce the number of terms and officer can serve.
- Article VI (Duties of Officers) – changes recommended as follows:

- ❖ Section A (1): “Preserve order and conduct *of* Board *meetings* according to these bylaws, **Roberts Rules of Order**, the .....
- ❖ Section B: rename the title to “*The First Vice-President*”
- ❖ Section C: rename the title to “*The Second Vice-President*”
- Article VII (Committee) – changes recommended as follows:
  - ❖ **Section A**: replace the word “*who*” with “*which*”, grammatical change requested
  - ❖ **Section B**: delete “*Discipline Committee*”
  - ❖ **Section C (3)**: replace the word “hearings” with “*proceedings*”
- Article VIII (Meeting) – changes recommended as follows:
  - ❖ **Section D**: replace the current language with “*Minutes of meetings shall be kept according to ...*” → Ms. Douglas was directed to research DHP documents/policies and code sections that reference minutes in the meetings
- Article IX through Article XI - no changes were recommended
- Article XII (Probable Cause Review and Determination) – the Committee discussed whether it was still necessary to have this section or reference to discipline be included in Bylaws as other guidance documents. The Administrative Process Act (APA) and DHP Policies and Procedures address disciplinary procedures. The suggestion was made as an alternative to title the section “Discipline” and reference that discipline processes will be conducted in accordance with BON Guidance Document, APA, and DHP Policies and Procedures.
  - ❖ **Section B**: Committee recommended moving this to Guidance Document 90-12 (Delegation of Authority to Board of Nursing RN Education and Discipline Staff). The Committee directed Ms. Douglas to consult Board Counsel and DHP Policy Analyst in regards to best practices and guidelines for the content of the Bylaws.
- Article XIII (Nurse Licensure Compact) – change recommended as follow:
  - ❖ **Section A**: update the Code

**Next step:**

- The Committee will meet again in September 2017 and present a final draft at the November 2017 Board Business meeting for consideration

Meeting was adjourned at 3:10 P.M.

**From:** CGFNS Communications [<mailto:communications@cgfns.org>]

**Sent:** Wednesday, August 23, 2017 10:35 AM

**To:** Saxby, Paula B. (DHP)

**Subject:** American Nurses Credentialing Center and CGFNS International, Inc. Announce Exclusive Strategic Partnership for International Credentialing

**CGFNS**  **NEWS RELEASE**  
**INTERNATIONAL**  
*Global Credibility*



AMERICAN NURSES CREDENTIALING CENTER



FOR IMMEDIATE RELEASE: August 23, 2017

ANCC contact: Veronica Byrd (301) 628-5057, [veronica.byrd@ana.org](mailto:veronica.byrd@ana.org)

CGFNS contact: Patrick King (215) 222-8454 ext.244, [communications@cgfns.org](mailto:communications@cgfns.org)

American Nurses Credentialing Center and CGFNS International, Inc. Announce  
Exclusive Strategic Partnership for International Credentialing

Philadelphia, PA, Silver Spring, MD —The [American Nurses Credentialing Center](#) (ANCC) and [CGFNS International, Inc.](#) announced today a strategic partnership for the purpose of maintaining rigorous program standards for eligibility while advancing its global reach and scope. ANCC will collaborate with CGFNS International to verify and evaluate the baccalaureate degree eligibility and licensure requirements for nurses educated outside of the United States. This information will be used to verify the prerequisite requirements for the ANCC's Accreditation Program, Certification Program, Magnet Recognition Program® and Pathway to Excellence® Program.

ANCC is the demonstrated leader in increasing the minimum educational standards for nursing professionals. Through this exclusive initiative with CGFNS, an internationally-recognized authority on credentials evaluation for nurses and healthcare professionals, ANCC will be able to further expand its impact globally. With a body of evidence demonstrating the relationship between nurses' educational preparation and positive patient outcomes, it is critical that the evaluation process be rigorous and reflect ANCC's high standards.

“This is the first time ANCC has developed an exclusive relationship with a credentialing evaluation organization, which speaks to the importance of the agreement,” said Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, Executive Director and Senior Vice President of ANCC. “CGFNS is known worldwide for its dedication to advancing the nursing profession, serving applicants from 189 countries around the globe. Through working with CGFNS, ANCC solidifies its commitment to international expansion and to demonstrating the impact of credentialing on nurse, organizational, and patient outcomes globally.”

“ANCC and CGFNS share a common vision – to improve the professional practice of nursing globally and to demonstrate how nurses, as members of the health care team, contribute to safe, high-quality patient care every day,” said Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, Accreditation, Certification, Measurement, and the Institute for Credentialing Research at ANCC. “We know that nurses who are certified in specialty practice, who have access to continuing nursing and inter-professional education, and who work in positive practice environments with strong nursing leaders, make a difference to the patients and families they serve. Together with CGFNS, we share that vision globally.”

CGFNS also celebrates this partnership. “We at CGFNS look forward to many more years of cooperation with ANCC,” says Dr. Franklin A. Shaffer, CGFNS President and Chief Executive Officer. “This partnership is of upmost importance to the greater international nursing community. We believe that migration and education portability are both human rights. Enterprises like CGFNS and ANCC must collaborate to ensure these rights are a reality for professionals across the globe.”

This partnership between ANCC and CGFNS ensures that nurses everywhere will be able to have their educational and professional credentials evaluated, verified, and translated across borders to guarantee the preservation of healthcare standards in both the United States and around the world.

### **About American Nurses Credentialing Center (ANCC)**

The [American Nurses Credentialing Center](#) (ANCC) is the world's largest and most prestigious nurse credentialing organization. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education, skills competency programs, and transition-to-practice programs. ANCC provides leading-edge information and education services and products to support its

core credentialing programs. ANCC continues to drive nursing excellence, quality care, and improved outcomes globally through innovation, research, and operational positive practice.

### **About CGFNS International, Inc.**

Founded in 1977 to provide credential assessment for nurses seeking migration, [CGFNS International, Inc.](#), based in Philadelphia, PA, is an immigration-neutral, non-profit organization with NGO consultative status to the United Nations. It has continued to expand its expertise and its spheres of influence to serve the global health community through its programs and services that verify and promote knowledge-based practice competencies. It is the only organization named in the US federal statute to administer visa screening of foreign-educated nurses and other professionals in seven health care fields.



If you do not wish to receive future emails from CGFNS Communications, [click here to opt-out](#).

CGFNS International, Inc. | 3600 Market Street | Suite 400 | Philadelphia | PA | 19104 | US

---

powered by  
**cvent**

## **Virginia Board of Nursing Guidance Document # 90-24**

### **TITLE: The Use of Simulation in Nursing Education In Lieu of Direct Client Care**

#### Introduction

This document provides information and guidance to pre-licensure registered nursing (RN) and practical nursing (PN) education programs in Virginia on the use of simulation in lieu of direct client care hours in the fulfillment of the clinical hour requirements for nursing education programs. As of April 2008, all RN nursing education programs approved in Virginia shall provide a minimum of 500 hours of direct client care supervised by qualified faculty, and all PN nursing education programs approved in Virginia shall provide a minimum of 400 hours of direct client care supervised by qualified faculty [18 VAC 90-27-60.A.B.]. This document will outline the essential components and major concepts that are necessary when using simulation in lieu of direct client care.

#### Background in Simulation

Technological innovations continue to advance practice across all domains of education and industry, and the same is true in nursing education. Research has shown that simulation provides opportunities for innovative learning experiences, fosters a richer understanding of didactic content and assists with developing clinical judgment. Evidence based research concludes that high-quality simulation experiences can be used in lieu of direct client care as an effective means for teaching knowledge and skills (Alexander et al, 2015). As nursing programs prepare to integrate simulation into nursing education, the Virginia Board of Nursing has prepared this outline of major concepts that need to be addressed when developing, implementing and integrating simulation into nursing curricula.

Simulated experiences provide the student with the opportunity to participate autonomously in complex nursing patient care situations in a safe learning environment. These experiences may be ones they may otherwise not experience in actual clinical settings (e.g., no laboring patients, no post-partum mothers, limited pediatric experiences, no patients with cardiac issues, no patients with complex med-surg issues, no home health patients or limited mental health patients). Simulation offers an avenue to assess clinical judgment and critical thinking in a safe environment. A simulated experience allows students to critically analyze their own actions (or failure to act), reflect on their own skill sets and clinical reasoning, and critique the clinical decisions of others (Jefferies 2007; Alexander et al, 2015). Simulation promotes active learning and participation, to enhance students' critical thinking skills (Billings & Halstead 2005). Simulation incorporates the concepts of active, learner-centered experiences that promote deeper understanding of didactic content and prepare students for low frequency, high risk situations. Educators can apply well-founded simulation approaches not only to help students in clinical rotations to attain educational goals, but also to evaluate teaching methods, as well as to investigate alternatives to the goals and methods themselves (Kyle & Murray 2008). Simulation provides an avenue for educators and researchers to improve nursing education and practice as well as advance the science and practice of nursing as a whole.

As a teaching methodology, “a clinical simulation experience is an active event in which students are immersed into a realistic clinical environment or situation. During this authentic clinical experience, learners are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. Students must incorporate critical thinking and decision making skills using a process (e.g., nursing process) involving assessment, diagnosis, planning, implementation or intervention and evaluation” (Virginia State Simulation Alliance, 2008 & 2017).

As cited in the Journal of Nursing Regulation October 2015 *NCSBN Simulation Guidelines for Prelicensure Nursing Programs*, concerns have emerged regarding substituting simulation for traditional clinical experiences without the appropriate environment, administrative support or faculty preparation. The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education published in the Journal of Nursing Regulation August 2014 concluded that “simulation can be effectively substituted for traditional clinical experience in all prelicensure core nursing courses under conditions comparable to those described in the study. These conditions include faculty members who are formally trained in simulation pedagogy, an adequate number of faculty members to support the student learners, subject matter experts who conduct theory-based debriefing, and equipment and supplies to create a realistic environment”. Nursing programs are advised to slowly and steadily increase the amount of simulation as they acquire expertise in this pedagogy ( Alexander, M., et al, 2015).

### Key Components in Simulation

Integral components of a simulated learning experience include: the educator/facilitator or preceptor, the student(s), key educational practices, and the simulated environment. The educator guides the student in the learning process. Qualified faculty, as defined by NCSBN, and who have additional education and professional development in simulation assume the role of facilitator during the simulated learning experience. Students participating in the simulated learning experience must come into the simulated clinical environment prepared for the simulation with a basic knowledge of the material and dressed appropriately for the clinical experience. The learning environment provides the foundation for effective simulated patient experiences. Simulation experiences must have objectives and identified learning outcomes. Learning occurs when the environment is realistic and students are engaged in the simulation experience by performing a specific role. Simulated experiences offer the opportunity for diverse styles of learning not offered in the class room environment and can result in an increase in student confidence (Jeffries & Rizzolo 2006 & 2015).

Evidence shows that highly effective simulated patient experiences must include:

- Simulation experiences comprised of pre-briefing, actual simulation experience, debriefing, and evaluation processes.
- Each simulated experience must have clearly stated objectives that are presented to the student prior to engaging in the simulation experience.

- Students may be required to prepare for a clinical simulation experience in the same manner as they would prepare for an actual patient care experience.
- An orientation to both the simulation technology and the environment is required.
- The simulation must challenge the student to use problem solving and critical reasoning skills to assess the situation and determine the correct interventions.
- The educator assumes the role of facilitator, providing cues when necessary but maintaining the fidelity of the simulation encounter.
- The educator and the student should participate in a theory based debriefing. Facilitated by the educator, the debriefing should challenge the student to think critically about his/her practice and clinical judgment. Development in debriefing of the educator and engaging students in this pedagogy directly contributes to the efficacy of the debriefing. The educator should utilize best practices in simulation and have an advanced knowledge of the situation to be covered in each simulation that they facilitate. Observing other students performing in a simulation experience, either in real time or videotaped, enhances learning and affects both the participant and the observers' self efficacy (Hoffmann et al. 2007). The debriefing session should occur immediately after the simulation and is completed so the thoughts and feelings of the learner are not forgotten and do not get distorted over time (Jeffries 2007). Video recording of the simulation can be utilized as a tool to provide objective data for review.
- Level of the simulation is congruent with the level of experience of the student and correlates with identified learning outcomes and course objectives.
- Faculty will be experientially prepared to facilitate simulation and debriefing through participation in a structured educational program or by a mentorship with an experienced simulation educator. Faculty will complete professional development in the area of teaching in simulation (to include, but not limited to: simulation conferences attended, coursework on simulation instruction, certification in simulation instruction, education/training by a consultant or targeted work with an experienced mentor)

There needs to be an introduction to both the simulation and the environment by the educator. The environment in which the simulated patient experience is to be performed must reflect reality as much as possible. Pre-briefing and an introduction to the environment are important because it allows students to become familiar with the simulated clinical environment. Poor introduction may lead to students questioning what can be done “for real”, which may lead to a decrease in realism and undue stress. The simulation must challenge the student to use problem solving skills and critical thinking to develop clinical judgment. The educator should act as a facilitator in the learning process but maintaining fidelity within the simulation encounter as much as possible.



## Definition of Terms:

### **Briefing:**

**Pre-briefing:** The time before a simulation experience when students are provided information regarding objectives, expectations, roles, specific scenario and the simulated client is provided. Orientation to the simulation environment and equipment should be purposeful, intentional, and strategic. The pre-briefing sets the stage for a successful learning experience, focused on reducing the learner's anxiety and increasing confidence.

**Debriefing:** A theory based framework; An organized review that is purposeful, intentional, and strategic of an incident or event after it occurs that utilizes guided, reflective questioning for the purpose of discerning learning points, improving care, and quality improvement. Patient simulation requires objective, thorough evaluation of the learners' experience in the simulation.

**Clinical Judgment:** Obtaining the necessary experience to begin recognizing patterns as well as a familiarity with what needs to be done. An interpretation or conclusion regarding a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response (Tanner, 2006).

**Clinical Simulation Experiences:** As a teaching methodology, "a clinical simulation experience is an active event in which students are immersed into a realistic clinical environment or situation. During these authentic clinical experience, learners are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. Students must incorporate critical thinking and decision making skills using a process (e.g., nursing process) involving assessment, diagnosis, planning, implementation or intervention and evaluation" (Virginia State Simulation Alliance, 2008 & 2017).

**Critical Thinking (Clinical Reasoning)** A mental process that requires assessment and evaluation of information in order to form a judgment that combines scientific evidence with common sense. An ability to solve problems by making sense of information using creative, intuitive, logical, and analytical mental processes that are continually evaluated (Snyder, 1993).

**Cues:** Interventions or assistance given by the educator to facilitate learning and problem solving without interfering or taking over a situation.

**Direct client care:** Nursing care provided to patients/clients in a clinical setting supervised by qualified faculty or a designated preceptor.

**Fidelity/Digital clinical experience:** The degree to which a simulation and/or a simulation device accurately reproduces clinical and/or human parameters; realism.

**High-Fidelity Technologies** – A device with lifelike features, either whole body or partial body, that is able to respond to a learner’s actions or interventions.

**Low-Fidelity Technologies** – A device that does not respond to interventions or is unable to be altered in real time to create a response.

**Hybrid Simulation:** The use of two or more modalities of simulation modalities to enhance the fidelity of a scenario by integrating the environment, physiology, emotions, and dialog of a real patient encounter. For example, the use of a manikin to represent the patient, while the embedded participant assumes the role of the patient's voice or takes on the role of a distraught family member. (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016)

**Objectives:** A learning tool designed to focus an educational experience on desired goals. The objectives of the simulation must reflect the intended outcome of the experience, specify expected learner behavior, and include sufficient detail to allow the learner to participate in the simulation effectively (Jeffries, 2007).

**Part-task trainer:** A device designed to teach students to perform a particular task such as urinary catheter insertion or venipuncture.

**Simulated Direct Client/Patient Care:** Clinical simulation that is realistic and reflective of care provided to clients in the health care environment. It must build students’ clinical judgment and critical thinking and meet the requirements set forth by the Board and supervised by qualified faculty.

**Simulation:** A technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).

**Skills Acquisition/Task Training:** Education that is focused on psychomotor skills necessary to complete specific tasks that are integral to patient care. Skills acquisition/task training alone does not qualify as simulated direct client care.

**Standardized patient:** A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016).

**Virtual computer based simulation:** A computer-generated reality, which allows a learner or group of learners to experience various auditory and visual stimuli. This reality can be experienced through the use of specialized ear and eyewear (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016).

## Expectations for Using Simulation in Nursing Education Programs

Nursing program faculty and administrators are responsible for assessing their programs readiness to use simulation experiences in lieu of traditional clinical experiences. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities. The key components identified in this document must be included in the simulation plan. Faculty and administrators are encouraged to refer to the NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs to determine readiness to implement simulation in lieu of direct client care. VASSA may also be a resource for determining a program's readiness to use simulation.

Faculty teaching in simulation must demonstrate simulation knowledge and skills in this area and are encouraged to have certification in the area of simulation. Minimally, faculty teaching in simulation must have participated in formal simulation related professional development. Faculty shall engage in ongoing professional development in the use of simulation.

Subject matter experts must be present for each simulation experience. If the faculty member conducting the simulation does not have knowledge in the subject area, then you would need faculty present with expertise in the subject area.

One hour of simulated client care, including the pre-briefing and debriefing time, is equal to one hour of direct client care. The faculty to student ratio must be a 1:10 ratio as required with all direct client care clinical learning experiences. Group size is to be determined by the scenario objectives. Each learner must have a defined and active role during the simulation (see INACSL best practices).

No more than 25% of direct patient contact hours may be completed through simulation. For pre-licensure registered nursing programs, the total of simulated patient care hours cannot exceed 125 hours (25% of the required 500 hours). For pre-licensure practical nursing programs, the total of simulated patient care hours cannot exceed 100 hours (25% of the required 400 hours). No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, it is important to make sure clinical hours are obtained as required in 18VAC90-27-90 (B)(1) across the life span...to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing.

Skills acquisition and task training alone, as in the traditional use of a skills lab, do not qualify as simulated client care, and therefore do not meet the requirements for direct client care hours. Clinical Simulation must be led by qualified faculty as required in regulation 18 VAC 90-27-60.

The following documentation must be available for all simulated experiences:

- course description,
- objectives of simulation experience, and learner outcomes,
- type of simulation,
- location of simulated experience,
- number of simulated hours,

- faculty qualifications,
- methods of pre-briefing and debriefing,
- evaluation of simulated experience, and
- method to communicate student performance to clinical faculty.

DRAFT

## Resources

The International Nursing Association for Clinical Simulation and Learning (INACSL)  
<https://www.inacsl.org/i4a/pages/index.cfm?pageID=1>

INACSL Standards of Best Practice

INACSL & Society for Simulation in Healthcare's 2016 Dictionary

National Council of State Boards of Nursing

<https://www.ncsbn.org/685.htm>

<https://www.ncsbn.org/education.htm>

[https://www.ncsbn.org/16\\_Simulation\\_Guidelines.pdf](https://www.ncsbn.org/16_Simulation_Guidelines.pdf)

National League for Nursing

<http://www.nln.org/centers-for-nursing-education/nln-center-for-innovation-in-simulation-and-technology>

<http://sirc.nln.org/>

Quality Safety Education in Nursing

<http://qsen.org/simulation/>

Society for Simulation in Healthcare

<http://www.ssih.org/>

University of Washington (free modules)

<https://collaborate.uw.edu/teaching-with-technology/simulation/>

Virginia State Simulation Alliance (VASSA)

<http://www.virginiastimulationallianceinc.org/wordpress/#>

This recommendation in this document are intended to be merely advisory.

## References

- Alexander, M., Durham, C., Hooper, J., Jeffries, P.R., Goldman, N., Kardong-Edgren, S., Kesten, K., Spector, N., Tagliareni, E., Radtke, B., Tillman, C. (2015). *NCSBN Simulation Guidelines for Prelicensure Nursing Programs*. *Journal of Nursing Regulation*, (6)(3), 39-42.
- Billings, D.M., & Halstead, J.A. (2005). *Teaching in Nursing: A Guide for Faculty* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders.
- Hayden, J.K., Smiley, R.A., Alexander, M., Kardong-Edgren, S., Jeffries, P.R. (2014) The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education. *Journal of Nursing Regulation*, Volume 5, Issue 2 – July 2014 Supplement.
- Hoffmann, R.L., O'Donnell, J. M., & Kim, Y. (2007). The effects of human patient simulators (HS) on basic knowledge in critical care nursing with undergraduate senior baccalaureate nursing students. *Simulation in Health Care: Journal of the Society for Simulation in Health Care*, 2(2), 110-115.
- Jeffries, P.R. (Ed.) (2012). *Simulation in Nursing Education: From Conceptualization to Evaluation*. New York, NY: National League for Nursing.
- Jeffries, P.R., & Rizzolo, M.A. (2006). *Designing and implementing models for the innovative use of simulation to teach nursing care of ill adults and children: A national, multi-site, multi-method study*. New York: National League for Nursing.
- Kyle, R. R., Murray, W.B. (Eds.) (2008). *Clinical Simulation: Operations, Engineering and Management*. Burlington, MA: Academic Press.
- Laure, C., Pepin, J., & Allard, É. (2015). Simulation in preparation or substitution for clinical placement: A systematic review of the literature. *Journal of Nursing Education and Practice*, 5(9), 132-140.
- Morton, P.G. (1995). Creating a laboratory that simulates the critical care environment. *Critical Care Nurse*, 16(6), 76-81.
- National Council of State Boards of Nursing (2009). *The Effect of High Fidelity Simulation on Prelicensure Nursing Student Performance and Knowledge: A Pilot Study*. Presented at the NCSBN midyear meeting March 2-4, 2009.
- National League for Nursing (2009). *Simulation in Nursing Education*. *Nursing Education Perspectives*, Vol 30 (2), 71-128.
- Standards of Best Practice: Simulation, Simulation Glossary, 2016. The International Nursing Association for Clinical Simulation and Learning, <https://www.inacsl.org/>

Virginia State Simulation Alliance (2008) & (2017). *Use of Clinical Simulation Experiences in Nursing Education: The Virginia State Simulation Alliance Position Statement* (Unpublished).

#### Acknowledgments

\* The Virginia Board of Nursing wishes to acknowledge the contributions of Daniel Phillips and Christine Dietz, nursing students at VCU School of Nursing, Richmond, in the preparation of the original guidance document in 2009.

\*The Virginia Board of Nursing wishes to acknowledge the contributions and expertise of representatives from VASSA, without whom this document would not be complete. They were instrumental in the preparation of the original document, as well as the revised document.

\*The Virginia Board of Nursing wishes to acknowledge the review, edits, and expertise of Dr. Pamela R. Jeffries, Dean and Professor, The George Washington University School of Nursing. She graciously offered her feedback for the revised version in 2017.

Accepted: July 21, 2009

Revised: \_\_\_\_\_, 2017

**VIRGINIA BOARD OF NURSING  
EDUCATION INFORMAL CONFERENCE COMMITTEE  
MINUTES  
August 31, 2017**

**TIME AND  
PLACE:**

The meeting of the Education Informal Conference Committee was convened at 9:58 a.m. in Suite 201, Department of Health Professions 9960 Mayland Drive, Second Floor, Training Room 2, Henrico, Virginia.

**MEMBERS  
PRESENT:**

Joyce A. Hahn, Ph.D., RN, NEA-BC, FNAP, Chair  
Louise Hershkowitz, CRNA, MSHA

**STAFF  
PRESENT:**

Paula B. Saxby, RN, Ph.D., Deputy Executive Director  
Jodi P. Power, RN, JD, Deputy Executive Director  
Charlette Ridout, RN, MS, CNE, Senior Nursing Education  
Consultant,  
Anne Joseph, Deputy Director, Administrative Proceedings  
Division  
Beth Yates, Administrative Assistant

**CONFERENCES SCHEDULED:**

**REGISTERED NURSING EDUCATION PROGRAM**

**South University, Virginia Beach, BSN program, US28500900**

Dr. Wendy Unison-Pace, Program Director; Dr. Sarah Wills, Assistant Dean of Nursing and Public Health for South University; and Mable Smith, Dean of Nursing and Public Health for South University were in attendance, and were represented by Eric Page and Anthony Troy, legal counsel.

At 11:35 a.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter South University, Virginia Beach BSN program, Virginia Beach. Additionally, she moved that Ms. Power, Dr. Saxby, Ms. Ridout, Ms. Joseph, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 1:20 p.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee 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.



**Action:** Recommend to continue South University, Virginia Beach, BSN on initial approval with terms and conditions as specified in the attached recommendation

Meeting adjourned at 1:29 p.m.

---

Paula B. Saxby, R.N., Ph.D.  
Deputy Executive Director

---

Charlette Ridout, R.N., M.S.  
Senior Nursing Education Consultant



[townhall.virginia.gov](http://townhall.virginia.gov)

## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Nursing, Department of Health Professions
<b>Virginia Administrative Code (VAC) citation(s)</b>	18VAC90-19
<b>Regulation title(s)</b>	Regulations Governing the Practice of Nursing
<b>Action title</b>	Name tag requirement
<b>Date this document prepared</b>	3/21/17

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

Section 50 is amended to specify that a nurse's name badge must follow the policy of the employment setting for name identification of health care practitioners. The requirement is retained for the badge to indicate the appropriate title for the license, registration, or student status under which the nurse is practicing in that setting.

### Acronyms and Definitions

*Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.*

LPN = licensed practical nurse  
 RN = registered nurse

**Legal basis**

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person’s overall regulatory authority.*

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6), which provides the Board of Nursing the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

*...6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

Among the powers and duties of the Board of Nursing is a statutory provision relating to name tags for nurses in certain employment settings:

**§ 54.1-3005. Specific powers and duties of Board.**

*In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:...*

*20. In order to protect the privacy and security of health professionals licensed, registered or certified under this chapter, to promulgate regulations permitting use on identification badges of first name and first letter only of last name and appropriate title when practicing in hospital emergency departments, in psychiatric and mental health units and programs, or in health care facility units offering treatment for patients in custody of state or local law-enforcement agencies;*

**Purpose**

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

The purpose of the proposed action is to promulgate a rule that adequately protects nurses but also offers sufficient information for patients who need to know what type of practitioner is providing care and how to identify the practitioner in case there is evidence of unprofessional conduct. The Board had to balance nurses' concern about their privacy and personal security with its responsibility to adopt regulations that protect the public health and safety.

## Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of changes" section below.*

Section 50 is amended to specify that the policy of the employment setting for name identification of health care practitioners can determine how the nurse's name is displayed on a name badge.

## Issues

*Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.*

1) The primary advantage of the amendment is greater flexibility and potentially greater protection for nurses who are concerned about their security both within and outside their practice setting. There are no disadvantages to the public because the badge must still indicate the appropriate title, so a patient would know whether this person is an RN, LPN, "patient care technician" or some other title.

2) There are no advantages or disadvantages to the Commonwealth.

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 to "*promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.*"

The proposed name badge regulation is a foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth. It is more flexible than the current requirement and constitutes no restraint on competition.

## Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

There are no applicable federal requirements.

**Localities particularly affected**

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

There are no localities particularly affected.

**Public participation**

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

In addition to any other comments, the Board of Nursing is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Elaine Yeatts at [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov) or at 9960 Mayland Drive, Henrico, VA 23233 or by fax at (804) 527-4434.. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

**Economic impact**

*Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.*

<b>Projected cost to the state to implement and</b>	There are no cost for implementation and
---	--

<p><b>enforce the proposed regulation, including:</b>  <b>a) fund source / fund detail; and</b>  <b>b) a delineation of one-time versus on-going expenditures</b></p>	<p>enforcement. Funds for the Board of Nursing are provided by fees charged to applicants and licensees.</p>
<p><b>Projected cost of the new regulations or changes to existing regulations on localities.</b></p>	<p>There are no costs to localities</p>
<p><b>Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.</b></p>	<p>All RNs and LPNs</p>
<p><b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that:  a) is independently owned and operated and;  b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>There are 29,831 LPNs and 104,956 RNs licensed in Virginia. While some would qualify as small businesses, most are employees of medical practices, long-term care facilities, or hospital systems.</p>
<p><b>All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including:</b>  <b>a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and</b>  <b>b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</b></p>	<p>There are no costs; the regulation is permissive and allows an employer to determine whether to retain the current format of name badges or make changes in its policy on identification of practitioners.</p>
<p><b>Beneficial impact the regulation is designed to produce.</b></p>	<p>Potentially, greater identity protection for nurses in their employment settings.</p>

## Alternatives

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

The Board is responding to a petition for rulemaking requesting an amendment to allow use of first name and last initial on a name tag for nurses in all settings. The petition requested a less burdensome and intrusive alternative to current regulations, so changes to achieve that purpose must be accomplished by amendments to Chapter 19.

## Regulatory flexibility analysis

*Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance*

or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

The proposed regulation is less stringent and offers more regulatory flexibility.

**Public comment**

Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

The Notice of Intended Regulatory Action was published on 1/23/17 with comment received until 2/22/17. There were 207 persons who posted comments on Townhall.

<b>Commenter</b>	<b>Comment</b>	<b>Agency response</b>
190 persons	Agreed with petitioner that the name badge should have first name and last initial; others advocated for first name only. Some wrote generally in favor of greater protection and privacy in general.	The regulation allows the employer to adopt the policy preferred by employees and appropriate to the practice setting.
Victoria Bierman	Name badges should be site-specific. For advanced practice nurses, better to have last name on badge.	The Board adopted a flexible rule to allow employers to set their own policies.
Susan Winslow	Asked for consistency with other professionals in pharmacy, medicine, and therapy in which one's last name on the badge is used.	The Board's proposed regulation does specify the name badge should follow the policy for all health care practitioners. The employer may choose to allow nurses to use first names and last initial, but may have a different policy for others.
C. F. Kane	This should be a facility decision, not a regulation of the Board.	The proposed regulation places the decision in the employer policy.
Patricia Seifert	Does not favor first name and last initial; important to practice in a transparent manner and have accountability.	Since this commenter identified herself as self-employed, she would have the option of determining her identification on a name badge.
Stephanie Smith	People should be given the option of choosing first and last or first with last initial.	While the proposed amendment does not give the option to each individual nurse, options are available to nurses in a particular employment setting.
Jay Gilbert	Supports the petitioner request, but nurses should be given the option of choosing to use full name.	Same as above.
Leslie Durr	Does not support first name only or with last initial; other professions would not identify themselves as Harry J, rather than Dr. Jones.	The proposed regulation is consistent with the comment.
Mary Holc	Does not support regulatory action;	The titles would not change - would still be

	wants titles displayed on badges so patients know the expertise of person providing care.	required on the name badge.
Correctional centers	Several persons commented that only last names should be on a badge because it is inappropriate for offenders to address professional staff by first name.	The proposed regulation supports the flexibility of a policy suitable to the population being served.
Jennifer Dixon	As professionals, should have first and last name on badge but nurses in high risk areas should be allowed to use only first name.	Supportive of current regulation, which the Board has amended.

### Family impact

*Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family.

### Detail of changes

*Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please follow the instructions in the text following the three chart templates below.*

For changes to existing regulation(s), please use the following chart:

<b>Current section number</b>	<b>Current requirement</b>	<b>Proposed change, intent, rationale, and likely impact of proposed requirements</b>
50	Subsection A requires a person regulated by this chapter who provides direct client care to wear identification that indicates the person’s first and last name.	The proposed change is to allow the employer to determine the name identification on a badge consistent with the policy for other health care practitioners. <i>The change allows more flexibility and equality for nurses who will be identified similarly to other health care practitioners, such as doctors, physical therapists, etc. The exception to the current rule for emergency departments and other locations where it might be dangerous or at least problematic for a patient to have a nurse’s</i>



	<i>full name has been retained because it is consistent with language in § 54.1-3005 (20).</i>
--	--

**BOARD OF NURSING**

**Amendment to name tag requirement**

**18VAC90-19-50. Identification; accuracy of records.**

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the ~~person's first and last name and the~~ appropriate title for the license, registration, or student status under which he is practicing in that setting. Name identification on a badge for identification of health care practitioners shall follow the policy of the health care setting in which the nurse is employed. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care facilities units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

B. A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

C. Each licensee shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted by a licensee electronically or in writing to the board within 30 days of such change. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board.



[townhall.virginia.gov](http://townhall.virginia.gov)

## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Nursing, Department of Health Professions
<b>Virginia Administrative Code (VAC) citation(s)</b>	18VAC90-27-10 et seq.
<b>Regulation title(s)</b>	Regulations Governing Nursing Education Programs
<b>Action title</b>	Accreditation of pre-licensure educational programs for registered nursing
<b>Date this document prepared</b>	3/1/17

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

The Board of Nursing has amended its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U. S. Department of Education by the year 2020.

### Acronyms and Definitions

*Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.*

## Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person's overall regulatory authority.

---

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6), which provides the Board of Nursing the authority to promulgate regulations to administer the regulatory system:

### **§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

- 1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

In addition, there is statutory authority for the board to approve nursing education programs:

*§ 54.1-3005. Specific powers and duties of Board.*

*In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:*

- 1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;*
- 2. To approve programs that meet the requirements of this chapter and of the Board;*
- 3. To provide consultation service for educational programs as requested;*
- 4. To provide for periodic surveys of educational programs;*
- 5. To deny or withdraw approval from educational programs for failure to meet prescribed standards; ...*
- 9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs; ...*

### Purpose

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

The purpose of the proposed regulatory action is to use national accreditation as a standard for demonstrated quality in nursing education, create more opportunities for financial aid for students, enhance employment opportunities, and facilitate academic progression for graduates to baccalaureate or master degrees.

Quality may be demonstrated by a higher percentage of graduates passing the national examination (NCLEX) from accredited nursing education programs. In 2014, 86% of graduates from accredited programs passed NCLEX, and 76% of graduates from non-accredited programs passed. The Board requires a passage rate of 80% over a three-year period to maintain approval of a nursing education program.

Ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients. Therefore, it is essential to protect the health and safety of citizens for the Board of Nursing to move toward accreditation of all registered nursing education programs.

The goal of this action is to align educational programs with recommendations of the National Council of State Boards of Nursing and the Institute of Medicines Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Nurses from practical, associate, and diploma programs who graduate from non-accredited programs will find it difficult, if not impossible, to obtain a baccalaureate degree. Graduates of non-accredited programs will also find it increasingly difficult to find employment as employers, especially many hospitals, are hiring only baccalaureate degree nurses.

## Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of changes” section below.*

The Board of Nursing has amended its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U. S. Department of Education by the year 2020. The accrediting bodies currently recognized are the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN) and the Commission for Nursing Education Accreditation. There will be no change for pre-licensure programs preparing students for licensed practice nursing.

## Issues

*Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.*

1) The primary advantage of the amendment is greater assurance of quality in the didactic and clinical education for registered nurses. For graduates of such programs, there are advantages in employment opportunities and availability of graduate level education to further their careers. There are no disadvantages for nurses or the public.

2) There is an advantage to the Board because accredited programs only have to be reevaluated every 10 years, whereas non-accredited programs have to be reevaluated every 5 years, a process which consumes resources and personnel. There are no disadvantages to the Commonwealth.

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under 54.1-2400 to “*promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.*”

As stated in the “Purpose” section of this document, ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients.

Therefore, the requirement for RN pre-licensure programs to have national accreditation is a foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth. Any restraint on competition that results from this regulation is in accord with the General Assembly’s policy as articulated in § 54.1-100 and is necessary for the preservation of the health, safety, and welfare of the public.

## Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

---

There are no applicable federal requirements.

### Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

---

There are no localities particularly affected.

### Public participation

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

---

In addition to any other comments, the Board of Nursing is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Elaine Yeatts at [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov) or at 9960 Mayland Drive, Henrico, VA 23233 or by fax at (804) 527-4434.. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

### Economic impact

Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.

<p><b>Projected cost to the state to implement and enforce the proposed regulation, including:</b>  <b>a) fund source / fund detail; and</b>  <b>b) a delineation of one-time versus on-going expenditures</b></p>	<p>) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to educational programs for necessary functions of regulation; b) The agency will incur no additional costs for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities. Since mailings to the PPG list and educational programs are handled electronically, there is very little cost involved. There are no on-going expenditures.</p>
<p><b>Projected cost of the new regulations or changes to existing regulations on localities.</b></p>	<p>There are no costs for localities.</p>
<p><b>Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.</b></p>	<p>Nursing education programs that prepare students for RN licensure.</p>
<p><b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that:  a) is independently owned and operated and;  b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>There are 78 pre-licensure RN programs. All 33 of the BSN programs are already accredited. There are 45 Board of Nursing approved Associate degree nursing (ADN) education programs; 26 of those programs are accredited.</p> <p>Of the 19 remaining, 9 of the proprietary programs were represented on the accreditation committee and are in full support of requiring nursing accreditation for all RN education programs and have made a commitment to seek nursing accreditation by 2020 (possibly by 2018).</p> <p>Of the remaining ten programs, 3 are proprietary programs that did not respond to the request for information about their intent to seek accreditation; two of those programs have low NCLEX (licensure exam) pass-rates and are in danger of losing Board of Nursing approval (per regulations).</p> <p>Of the seven remaining programs, one is a proprietary program that is seeking accreditation. The remaining six are community college programs with the following status: three have had their accreditation visit and are waiting for their accreditation approval when the commission meets in July 2017. Three are waiting until 2018 to seek accreditation. The Virginia Community College System standard curriculum is being implementing across all community colleges in 2017, so the associate degree programs not currently accredited should be in a position to be</p>



	<p>candidates for accreditation in 2018.</p> <p>The associate programs are located in community colleges or proprietary businesses. The Board does not have statistics on which of the proprietary businesses would be considered “small” businesses but most are operated by national chains – such as ECPI.</p>
<p><b>All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including:</b>  <b>a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and</b>  <b>b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</b></p>	<p>See attached information from accrediting bodies</p>
<p><b>Beneficial impact the regulation is designed to produce.</b></p>	<p>The primary advantage will be a higher quality experience in nursing education through oversight from a national accrediting body. There will be some cost savings to offset costs for accreditation in that an accredited program only has to be reevaluated by the board every 10 years by submission of a report, and an accredited program may use its reports from the accredited body as evidence of compliance with board regulations.</p> <p>A non-accredited program has to be reevaluated every 5 years and requires submission of a full report <u>and</u> a survey visit from a board representative. Both the Board and the accredited programs will realize some savings by a longer period between reevaluation for continued approval by the Board. The cost for a survey visit by the Board is \$2,200; an accredited program would realize that savings every 5 years.</p>

**Alternatives**

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

In 2012, the National Council of State Boards of Nursing recommended requiring national accreditation by 2020 in a collaborative model of co-regulation in which state boards will continue to conduct initial approval of programs, will use accreditation self-studies to decrease redundancy, and may require additional data for continued approval.

In May of 2014, the Organization for Associate Degree Nursing (OADN) endorsed national accreditation for associate degree nursing programs as it applies “nationally developed and recognized evidence-based standards of quality and value to assess and evaluate the education process and outcomes.” OADN stated “accreditation not only serves the public as a measure of quality for health care employers and academic partners of associate degree programs, but is also an assurance of quality educational standards applied to faculty, staff, and students.”

During promulgation of regulations for nursing education programs (which began in 2010) with adoption of final regulations in March of 2014, the need for accreditation was discussed. In reviewing public comment from organizations and individuals on proposed regulations, the Board noted recommendations for accreditation. In response, the Board convened a workgroup consisting of Board members, a representative of the Virginia Nursing Association, the Virginia Organization of Nurse Executives and Leaders, the Virginia League for Nursing, the Virginia Action Coalition, the Virginia Community College System, and associate degree proprietary nursing programs (Fortis College and ECPI University). Stakeholders who were invited to participate included representatives of the Virginia Health Care Association, the Virginia Hospital and Health Care Association, Golden Living, Leading Age of Virginia, and American Health Care. The Accreditation Committee met on May 20, 2014, September 16, 2014, July 14, 2015, and March 22, 2016. It concluded with a unanimous recommendation to the board meeting in May of 2016 that it move forward with the intent to establish regulation that would require national accreditation or candidacy status for all pre-licensure registered nursing programs by 2020.

The Board has concluded the goal of 2020 for accreditation or candidacy is reasonable and achievable. The Virginia Community College System standard curriculum is expected to be implemented across all community colleges by 2017, so the four associate degree programs not currently accredited should be in a position to be candidates for accreditation by 2020. Four non-accredited programs are already scheduled to be closed in 2016 or 2017. There are 12 other proprietary programs that currently are not accredited, so they will have to meet standards for candidacy status by 2020 to continue full approval by the Virginia Board (seven of the 12 are programs that had representation on the Board’s Accreditation Committee).

### Regulatory flexibility analysis

*Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

There is no alternative method consistent with health and safety that will accomplish the objective.

**Public comment**

*Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.*

The Notice of Intended Regulatory Action was published on 10/17/16 with comment requested until 11/16/16; there was no comment received.

**Family impact**

*Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family.

**Detail of changes**

*Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please follow the instructions in the text following the three chart templates below.*

<b>Current section number</b>	<b>Proposed new section number, if applicable</b>	<b>Current requirement</b>	<b>Proposed change, intent, rationale, and likely impact of proposed requirements</b>
10		Sets out definitions for words and terms used in the regulation	The term “accreditation” is defined as “an agency recognized by the U. S. Department of Education” and one accrediting body for nursing education is added to those currently listed – the Commission for Nursing Education Accreditation.
220		Sets out the requirements for maintaining board approval as a nursing education program	Subsection B is amended to specify that the current requirements are in effect for 3 years from the effective date of the regulation. After 3 years (likely in 2020), every registered nursing education

		<p>program must have gained accreditation or have candidacy status and will be evaluated according to the current requirements for a review every 10 years to ensure that the program meets regulatory requirements to maintain board approval in Virginia.</p> <p>Subsection C is amended to set out the current requirement for only practical nursing programs; those requirements will not change.</p> <p><i>As stated above:</i></p> <p><i>The intent of the proposed regulatory action is to use national accreditation as a standard for demonstrated quality in nursing education, create more opportunities for financial aid for students, enhance employment opportunities, and facilitate academic progression for graduates to baccalaureate or master degrees.</i></p> <p><i>Quality may be demonstrated by a higher percentage of graduates passing the national examination (NCLEX) from accredited nursing education programs. In 2014, 86% of graduates from accredited programs passed NCLEX, and 76% of graduates from non-accredited programs passed. The Board requires a passage rate of 80% over a three-year period to maintain approval of a nursing education program.</i></p> <p><i>Ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients.</i></p> <p><i>Therefore, it is essential to protect the health and safety of citizens for the Board of Nursing to move toward accreditation of all registered nursing education programs.</i></p> <p><i>The goal of this action is to align educational programs with recommendations of the National Council of State Boards of Nursing and the Institute of Medicines Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Nurses from associate programs who graduate</i></p>
--	--	---

			<p><i>from non-accredited programs will find it difficult, if not impossible, to obtain a baccalaureate degree. Graduates of non-accredited programs will also find it increasingly difficult to find employment as employers, especially many hospitals, are hiring only baccalaureate degree nurses.</i></p> <p><i>There may be a very small number of nursing education programs that will not be able to achieve candidacy status and will be required to close. Those are programs that currently struggle with meeting quality standards for continued Board approval, particularly the 80% passage rate on NCLEX, and would find it necessary to close with or without the proposed accreditation requirement.</i></p>
--	--	--	---

**Project 4925 - Proposed**

**BOARD OF NURSING**

**Accreditation of RN Education programs**

**Part I**

**General Provisions**

**18VAC90-27-10. Definitions.**

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in



response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

**18VAC90-27-220. Maintaining an approved nursing education program.**

A. The program director of each nursing education program shall submit an annual report to the board.

B. Each Prior to (three years from the effective date of this regulation), each registered nursing education program shall be reevaluated as follows:

1. Every registered nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A registered nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The

board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

After (three years from the effective date of this regulation), each registered nursing education program shall have accreditation or candidacy status and shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

C. Each practical nursing education program shall be reevaluated as follows:

1. Every practical nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A practical nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most

recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

D. Interim site or survey visits shall be made to the institution by board representatives at any time within the initial approval period or full approval period as deemed necessary by the board. Prior to the conduct of such a visit, the program shall submit the fee for a survey visit as required by 18VAC90-27-20.

D. E. Failure to submit the required fee for a survey or site visit may subject an education program to board action or withdrawal of board approval.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of September 6, 2017**

<b>Board</b>		<b>Board of Nursing</b>
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Waiver of CGFNS and TOEFL</u> [Action 4871] Fast-Track - DPB Review in progress
[18 VAC 90 - 20]	Regulations of the Board of Nursing (Repealed)	<u>Amendment to name tag requirement</u> [Action 4725] Proposed - Register Date: 7/24/17 Comment period ends: 9/22/17
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Accreditation of RN Education programs</u> [Action 4570] Proposed - Register Date: 7/24/17 Comment period ends: 9/22/17
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Supervision and direction of laser hair removal</u> [Action 4863] NOIRA - At Governor's Office
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Prescribing of opioids</u> [Action 4797] Emergency - Register Date: 9/18/17 Re-adopted emergency effective: 8/24/17
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Correction of section relating to practice agreements</u> [Action 4883] Fast-Track - DPB Review in progress
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	<u>Periodic review</u> [Action 4559] Proposed - Register Date: 6/12/17 Board to adopt final in September

**Agenda Item: Proposed Regulatory Action – Massage Therapy**

**Staff note:**

Following a Periodic Review of regulations by the Advisory Board on Massage Therapy, the Board adopted proposed regulations to amend Chapter 50, Regulations Governing the Licensure of Massage Therapists.

A public hearing was conducted at the July Board meeting with one comment as follows:

*Becky Bowers-Lanier, Virginia Chapter of American Massage Therapy Association (AMTA), commented that the regulations are fairly current and asked the Board to consider increasing Ethic requirement for continuing education.*

No other comment was received.

**Enclosed in your package:**

Copy of the regulation as proposed.

**Board action:**

Adoption of the final amendments to 18VAC90-50-10 et seq. as proposed or with an amendment suggested in public comment.

**BOARD OF NURSING**

**Periodic review**

**Part II**

**Requirements for Licensure**

**18VAC90-50-40. Initial licensure.**

A. An applicant seeking initial licensure shall submit a completed application and required fee and verification of meeting the requirements of § 54.1-3029 A of the Code of Virginia as follows:

1. Is at least 18 years old;
2. Has successfully completed a minimum of 500 hours of training from a massage therapy program certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § 23-276.2 of the Code of Virginia;
3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards, or an exam deemed acceptable to the board;
4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in § 54.1-3007 of the Code of Virginia and 18VAC90-50-90; and
5. Has completed a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia; and

6. Attest to have read and will comply with laws and regulations and the professional Code of Ethics relating to massage therapy.

B. An applicant who has been licensed or certified in another country and who, ~~in the opinion of the board, meets~~ provides certification of equivalency to the educational requirements in Virginia from a credentialing body acceptable to the board shall take and pass an examination as required in subsection A of this section in order to become licensed.

**18VAC90-50-60. Provisional licensure.**

A. An eligible candidate who has filed a completed application for licensure in Virginia, including completion of education requirements, may engage in the provisional practice of massage therapy in Virginia while waiting to take the licensing examination for a period not to exceed 90 days upon written authorization from the board. A provisional license may be issued for one 90-day period and may not be renewed.

B. The designation of "massage therapist" or "licensed massage therapist" shall not be used by the applicant during the 90 days of provisional licensure.

C. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

Part III

Renewal and Reinstatement

**18VAC90-50-70. Renewal of licensure.**

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. The licensee shall complete the renewal form and submit it with the required fee and attest that he has complied with continuing competency requirements of 18VAC90-50-75.

C. Failure to receive the application for renewal shall not relieve the licensed massage therapist of the responsibility for renewing the license by the expiration date.

D. The license shall automatically lapse by the last day of the birth month if not renewed, and practice of massage therapy or use of the title "massage therapist" or "licensed massage therapist" is prohibited.

**18VAC90-50-75. Continuing competency requirements.**

A. In order to renew a license biennially, a licensed massage therapist shall:

1. Hold current certification by the NCBTMB; or

2. Complete at least 24 hours of continuing education or learning activities with at least one hour in professional ethics. Hours chosen shall be those that enhance and expand the skills and knowledge related to the clinical practice of massage therapy and may be distributed as follows:

a. A minimum of 12 of the 24 hours shall be in activities or courses provided by an ~~NCBTMB-approved provider~~ one of the following providers and may include seminars, workshops, home study courses, and continuing education courses:

(1) NCBTMB;

(2) Federation of State Massage Therapy Boards (FSMTB);

(3) American Massage Therapy Association (AMTA);

(4) Associated Bodywork and Massage Professionals (ABMP);

(5) Commission on Massage Therapy Accreditation (COMTA);

(6) A nationally or regionally accredited school or program of massage therapy; or



(7) A school of massage therapy approved by the State Council of Higher Education for Virginia.

b. No more than 12 of the 24 hours may be activities or courses that may include consultation, independent reading or research, preparation for a presentation, a course in cardiopulmonary resuscitation, or other such experiences that promote continued learning.

B. A massage therapist shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The massage therapist shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of licensees to determine compliance. The persons selected for the audit shall provide evidence of current NCBTMB certification or the completed continued competency form provided by the board and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the massage therapist to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

## Part IV

### Disciplinary Provisions

#### **18VAC90-50-90. Disciplinary provisions.**

The board has the authority to deny, revoke, or suspend a license issued by it or to otherwise discipline a licensee upon proof that the practitioner has violated any of the provisions of § 54.1-3007 of the Code of Virginia or of this chapter or has engaged in the following:

1. Fraud or deceit which shall mean, but shall not be limited to:
  - a. Filing false credentials;
  - b. Falsely representing facts on an application for initial licensure, or reinstatement or renewal of a license; or
  - c. Misrepresenting one's qualifications including scope of practice.
2. Unprofessional conduct which shall mean, but shall not be limited to:
  - a. Performing acts which constitute the practice of any other health care profession for which a license or a certificate is required or acts which are beyond the limits of the practice of massage therapy as defined in § 54.1-3000 of the Code of Virginia;
  - b. Assuming duties and responsibilities within the practice of massage therapy without adequate training or when competency has not been maintained;
  - c. Failing to acknowledge the limitations of and contraindications for massage and bodywork or failing to refer patients to appropriate health care professionals when indicated;
  - d. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the massage therapist uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include but

not be limited to actions that result in personal gain at the expense of the patient or client, a nontherapeutic personal involvement or sexual conduct with a patient or client;

e. Falsifying or otherwise altering patient or employer records;

f. Violating the privacy of patients or the confidentiality of patient information unless required to do so by law;

g. Employing or assigning unqualified persons to practice under the title of "massage therapist" or "licensed massage therapist";

h. Engaging in any material misrepresentation in the course of one's practice as a massage therapist; or

i. Obtaining money or property of a patient or client by fraud, misrepresentation or duress;

j. Violating state laws relating to the privacy of patient information, including but not limited to §32.1-127.1:03 of the Code of Virginia;

k. Providing false information to staff or board members in the course of an investigation or proceeding;

l. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia;

m. Violating any provision of this chapter; or

n. Failing to practice in a manner consistent with the code of ethics of the NCBTMB, as incorporated by reference into this chapter with the exception of the requirement

to follow all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the NCBTMB.

**VIRGINIA BOARD OF NURSING**  
Board Development Workshop

AGENDA

September 19, 2017

**1:30 pm – 3:00 pm**

Substance Abuse Disorder Presentation – Dr. Mishka Terplan Faculty, Division of Psychiatry Virginia University and Janet Knisely, Administrative Director of HPMP, Associate Professor of Psychiatry.

**3:00 pm – 3:15 pm → Break**

**3:15 pm – 4:00 pm**

Regulatory oversight of Nursing Education Programs – Dr. Paula Saxby, Deputy Executive Director and Charlette Ridout, Senior Nursing Education Consultant.

**4:00 pm – 5:00 pm**

The Enhanced Nurse Licensure compact (eNLC) – Jay Douglas, Executive Director and Commissioner of eNLC